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ABSTRACT

This volume, second in a series of seven reporting the design, methodology, and findings of the 4-year National Day Care Home Study (NDCHS), provides a detailed description of the analysis conducted on data gathered through in-depth interviews with the 793 caregivers who participated in the NDCHS. Chapter I, the introduction, discusses the social and political context in which the NDCHS was conceived and implemented, presents the research objectives and design of the study, and briefly overviews the objectives of the remaining six volumes. The development and the purpose of the research design, the site and sample selection, and the data collection instruments used throughout the study are presented in Chapters II and III. Findings of the NDCHS are presented in Chapters IV through XI. The findings are reported in terms of the characteristics of children in care (e.g., age, ethnicity, and length of time in care), caregivers' characteristics (e.g., experience, education, training, and income), the influence of state and federal regulations on the practice of family day care, child care food programs and other aspects of nutritional planning in family day care centers, a descriptive profile of the parents who were interviewed for the study, a cost analysis of family day care provision, and the types of activities and behaviors that occur in day care homes. Four appendices contain the study's data in tabular and histogram form, and a review of relevant literature on family day care.
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Family Day Care in the United States:

Research Report

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Volume II

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NATIONAL DAY CARE HOME STUDY
Research Report

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VOLUMES IN THE FINAL REPORT SERIES
ON THE NATIONAL DAY CARE HOME STUDY

- Reports available from the Administration for Children, Youth and Families or from ERIC Document Reproduction Service, P.O. 190, Arlington, Virginia 22210.

- Executive Summary (Abt Associates Inc.)--Synopsis of the findings from all study components including data on family day care providers, the children in their care, and the children's parents. Presents information on the nature of day care in each of the study settings and presents both cost and program daa on family day care systems.

- Volume I, The National Day Care Home Study Summary Report (Abt Associates Inc.)--Details the issues outlined in the Executive Summary.

- Volume II, The Research Report (Abt Associates Inc.)--Focuses on the caregiver and the children in her care and presents extensive descriptive and statistical analyses of the interview and observation data collected. It includes profiles of both the caregiver and the children in care, discusses the stability of the day care arrangements, the group composition of the family day care homes, and the costs of providing care. Concludes with a comparative analysis of the observed behaviors of caregivers and the children in their care.

- Volume III, Observation Component (SRI International)--Presents the findings from the observations conducted in day care homes in the three study sites (Los Angeles, Philadelphia, and San Antonio) and detailed descriptions of the methodologies used.

- Volume IV, Parent Study Component Data Analysis Report (Center for Systems and Program Development)--Presents the information provided by the parents of the children in the family day care homes; describes these parents, their needs and preferences for care, and their satisfaction with family day care; and focuses on child day care costs.

- Volume V, Family Day Care Systems Report (Abt Associates Inc.)--Presents an extensive descriptive and statistical analysis of the day care institutions that administer family day care systems. These systems are one of the principal mechanisms for providing subsidized day care in a family day care setting, and the cost analyses in this volume are the first attempt to estimate the cost of providing such care.

- Volume VI, The Site Case Study Report (Abt Associates Inc.)--Describes the status of family day care in each of the study sites based on interviews with knowledgeable respondents ranging from state licensing staff to day care advocates. This volume is intended to describe the context in which the study was conducted and thereby to provide the reader a fuller understanding of the study findings.

- Volume VII, The Field Operations Report (Abt Associates Inc.)--Describes the steps used to implement the study in three study sites.

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Chapter 1: INTRODUCTION

The National Day Care Home Study (NDCHS) was an intensive three-year study of family day care begun in 1976 and sponsored by the Administration for Children, Youth and Families (ACYF) of the Department of Health, Education and Welfare. In this introductory chapter, we first present the social and political context in which the NDCHS was conceived and implemented (Section 1.1). We then present the research objectives of the study (Section 1.2) and review briefly the design which was developed to meet these objectives (Section 1.3). Finally, Section 1.4 is an overview of the present volume and of the remaining volumes of the Final Report of the National Day Care Home Study.

1.1 Social and Policy Context of the NDCHS

Day care--the care of a child by someone other than a member of the nuclear family--is an important social phenomenon in the United States. As more mothers of young children enter the labor force and as more children enter day care at younger ages, day care plays an increasingly significant role as a social and economic support to families throughout our society. The importance of and demand for day care is clearly reflected in data on the labor force participation of mothers, which shows a dramatic rise over the past several decades. By 1978, over 50 percent of all mothers with children under 18 were employed--compared to only 20 percent in 1950--and this trend is expected to continue into the next decade.[1]

Family day care--child care provided in a home other than the child's own--constitutes the largest natural system of out-of-home care in the United States. Of the 7.5 million American families who regularly use some form of child care for 10 or more hours a week, fully 45 percent place their children in family day care homes. An estimated 1.3 million family day care homes serve almost 50 percent of all children in full-time care; the greatest proportion of these children are under three. Family day care also represents the most prevalent mode of after-school care for the 5 million school children between 6 and 13 whose parents work.[2]

Family day care encompasses a myriad of arrangements between families and caregivers, ranging from informal agreements between relatives and friends to highly structured formal operations. Some family day care homes operate autonomously and some within family day care systems--networks of homes that may in turn be part of larger community agencies. From a policy standpoint, it is useful to distinguish among three types of family day care homes. Up to 90 percent of family day care in this country is provided by over one million unregulated caregivers who operate informally, independent of any regulatory system or administrative structure.[3] Regulated providers, although they have been certified by the appropriate governmental agency as meeting state and/or federal standards, are similar to unregulated caregivers in that they are not formally tied to any administering agency. In 1979, there were approximately 112,000 regulated family day care homes, serving an average of three children per home. The third major group of family day care homes are operated by sponsored caregivers--licensed or registered providers who operate as part of day care systems or networks of homes, under the sponsorship of an administrative agency.

Sponsored homes are the most likely to serve subsidized children,* and may also have access to a range of social services, such as provider training and client referral. The organization of family day care homes into systems is a fairly recent trend but one with important implications for future day care programs and policies.

At the state and local levels, the regulations governing family day care now form a veritable patchwork quilt, varying widely in form and substance. Regulations vary in the definition of a family day care home that is subject to regulation, in the definition of such regulatory parameters as group size and caregiver/child ratio, and in the stringency of the restrictions imposed. The method of implementation of regulations also varies: the two most common forms of regulation by states are licensing and registration. Under licensing systems, a state licensing worker is responsible for establishing whether or not a home meets established standards. Under registration, it is the individual caregiver who is responsible for determining whether she meets state standards. Although this system of self-certification is used in only a few states, it is being actively considered for adoption in many states that still have more traditional licensing systems. In all NDCHS materials, the term regulated refers to homes that are either licensed or registered (but not sponsored).

Family day care as an informal, unregulated arrangement is one of the oldest forms of child care provided as a supplement to parental care. Historically, such care was provided without charge by relatives or given by neighbors and friends in exchange for other services. With the gradual disappearance of the extended family and the increasing number of women entering the work force, however, the full-time working mother's use of nonrelatives for supplemental child care has become almost as prevalent as the use of relatives.

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*Note however that under such federal programs as WIN income disregard and Internal Revenue Service day care tax credits, day care in unregulated homes may also be indirectly federally subsidized.

Regulated family day care has a shorter history. Beginning in the early 1960s, state social welfare agencies began to use family day care as an alternative to foster care; homes were to be screened, licensed, and monitored. Federal involvement in family day care began with the 1962 Social Security Amendments, which authorized federal grants-in-aid to state public welfare agencies for day care services, required those agencies to certify all homes in which welfare recipients placed their children, and provided funds for the development and enforcement of standards. State spending for day care increased as more states took advantage of the Manpower Development and Training Act (1962), the Elementary and Secondary Education Act (1963), the Economic Opportunity Act (1964), the Work Incentive Program (WIN), and Title IV-A of the Social Security Act as amended in 1967. In 1968, the Federal Interagency Day Care Requirements (FIDCR) were promulgated, marking the beginning of federal standards for day care purchased with federal dollars for children of low-income families. In 1975, the FIDCR were modified and incorporated into Title XX of the Social Security Act; at the present time the regulations are again under revision.

1.1.1 Family Day Care and Center Care

Most government involvement has focused on center day care, which continues to receive heavy emphasis in subsidized care. However, family day care offers a number of frequently cited advantages which account, at least in part, for its widespread use and increasing importance for day care policy.*

- Children are usually heterogeneously grouped, as they are in families. In many cases, parents can have all their children cared for in the same home.
- Family day care is especially appropriate for infants and toddlers, who need highly individualized attention, and for school-aged children who only require supervision before and after school.
- The family day care home permits individual attention for all children.
- Family day care homes are usually located in the same neighborhood as the family needing care and thus are convenient for parents. Children's normal environment is minimally disrupted; this is especially important for those old enough to have formed social relationships within their neighborhoods.
- Schedules in family day care homes can more readily be adjusted than can center schedules to meet the varying schedules of working mothers.
- Caregivers often share and can reinforce the social and cultural values of parents.
- Home-based care is appropriate for sparsely populated areas where group care facilities are not economically feasible or conveniently located.

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*For a summary of the research literature on family day care, the reader is referred to Appendix A.

Critics of family day care, on the other hand, point out what they believe to be undesirable features of caring for groups of children in private homes.

- Family day care is difficult to monitor or supervise.
- Caregivers do not have the training to facilitate the cognitive development of preschoolers.
- Because the family day care home is not an environment designed specifically for groups of children, children's activities may be restricted.
- There is usually only one adult in the home, and situations may arise when she is needed by more than one child at the same time.
- Family day care providers are underpaid and exploited.

1.1.2 The Issue of Regulation

Traditional arguments in favor of regulating family day care homes are much the same as those for licensing day care centers: regulation is necessary to safeguard the health and safety of children, to assist parents in making decisions about child placement, and to track the flow of assistance dollars. However, some day care authorities feel that regulation of family day care homes is inappropriate, for several reasons.

- Regulation is inappropriate for most care provided by relatives.

- Excessive regulation may distort the very home atmosphere that is generally held to be the family day care home's strongest asset.

- Regulation is impractical: on a per-child basis, it is expensive to find and license homes.

- Regulation is a misdirection of limited staff resources, which would be better used to upgrade homes by consulting with caregivers or by offering training and materials.

- Because personnel shortages often preclude any follow-up on regulated homes, a license can be no guarantee of quality and may therefore be misleading to consumers.

- Enrollment (the most commonly regulated characteristic of family day care homes) may, in fact, be self-regulating; that is, the number of children in unregulated homes typically falls below the regulatory limit.

- In a strict regulatory environment, unlicensed caregivers may keep a very low profile to avoid regulation. This tends to isolate them and the children in their care from available community resources.

Moreover, family day care homes are often regarded as having several qualities that make them difficult to identify and monitor.

- They are invisible. Many family day care providers do not advertise and otherwise make few demands on community resources.

- They are believed to be short-lived. The attrition rate among family day care homes is substantial and turnover may be rapid.

- They tend to be autonomous. Most family day care providers do not belong to organizations or have formal sponsorship.

- Providers are unaware of, or avoid, licensing. Caregivers may be ignorant of day care regulations or may not know whether regulations apply to them. Others avoid licensing because building or zoning requirements would not permit them to care for children in their homes or because they do not meet licensing requirements.

1.2 Objectives of the NDCHS

Despite the widespread use of family day care, little was known before the NDCHS was undertaken about the range of family day care arrangements, the characteristics that may be associated with the regulatory status of homes or the cultural backgrounds of children and caregivers, or the dynamics of the family day care market. Similarly, it was not clear how caregivers could most effectively be supported to promote high quality care in home settings. As mothers of young children enter the labor force in ever greater numbers and more children than ever before need substitute care at younger ages, there is a critical need for high quality care at a cost that parents and taxpayers can afford. This can be accomplished in part through the development and implementation of sound standards for quality care, through training and technical assistance programs, through the improvement of service delivery systems and through strong support of parents in finding and maintaining child care to meet individual family needs. The National Day Care Home Study was initiated to provide a comprehensive information base to further development in these important areas and to promote increased effectiveness and efficiency in the delivery of home-based child care.

The National Day Care Home Study was undertaken to explore each of the major types of family day care and to present comprehensive profiles comparing and contrasting these forms of care. Major study objectives were to explore and describe:

- similarities and differences among three structurally distinct types of family day care homes: (1) unregulated homes, operating independently and outside the regulatory system; (2) regulated homes, operating independently but within the formal regulatory structure; and (3) sponsored homes, operating as part of a network of homes under the administrative auspices of a sponsoring agency;
- relationships between regulatable characteristics (e.g., enrollment) and process in the family day care home, services provided by the home, and the cost of care;
- the nature of family day care environments and of interactions between children and caregivers;
- parents' needs and preferences for care, their expectations for family day care, their satisfaction with their present arrangements, and the nature of the parent/caregiver relationship;
- major factors affecting the availablility and utilization of family day care homes; and
- exemplary caregiver and agency practices, as well as areas of need, for future training models and consumer information packages.

1.3 Overview of the Design of the NDCHS

The NDCHS proceeded in three phases. A preliminary survey was conducted in Phase I to provide data on the distribution of family day care homes. These data formed the basis for the design of subsequent phases. Survey results confirmed the usefulness of the classification of homes by regulatory status (unregulated, regulated, sponsored), and showed that 99 percent of family day care providers belong to one of three ethnic groups: (non-Hispanic) White, (non-Hispanic) Black, and Hispanic.

The classification of family day care homes by regulatory status and ethnicity of caregiver formed the basis for the design of the National Day Care Home Study, illustrated in Table 1.1. All possible combinations of regulatory status and caregiver ethnicity are represented. Within each of the nine cells in Table 1.1, a sample of 16 homes was selected in order to examine variation in enrollment and caregiver qualifications, both of which were presumed to be important determinants of the nature of care provided in family day care settings.

The Phase I survey of family day care also showed that the intensive site effort required to recruit homes for the study could only be undertaken in a small number of sites. After careful deliberation, subsequent study efforts were restricted to three sites: Los Angeles, Philadelphia and San Antonio. Each site had a sufficient number of homes to implement the study design,* and had, in addition, an adequate pool of subsidized children in family day care homes, a group of primary interest for federal policy.

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*Because the number of Hispanic caregivers nationally is relatively small, it was decided that a representative sample of the homes could be obtained using only two study sites, Los Angeles and San Antonio. Hispanic caregivers were therefore not sampled in Philadelphia. Sponsored white caregivers were not sampled in San Antonio because there were no such caregivers in San Antonio at the time of the study.

Table 1.1

National Day Care Home Study Design

Ethnicity of Caregiver	Regulatory Status[a] Sponsored	 Regulated	 Unregulated
White	sponsored White	regulated White	unregulated White
Black	sponsored Black	regulated Black	unregulated Black
Hispanic	sponsored Hispanic	regulated Hispanic	unregulated Hispanic

[a] The basic nine-cell design of the NDCHS will appear repeatedly in tables throughout this report. In order to streamline the presentation of data, the headings Regulatory Status and Ethnicity of Caregiver will be omitted in future tables.

The three study sites represent the three major geographic areas of the country and their associated socioeconomic patterns, and each site is itself socioculturally heterogeneous. Moreover, the sites represent a range of environmental characteristics, such as climate, and such potentially significant physical characteristics as the mix of single-family and multiple-unit dwellings. The sites also represent a variety of regulatory practices; a registration system is in force in Texas, and more traditional licensing systems are in operation in California and Pennsylvania.

The study design was implemented initially only in Los Angeles, which served as a full-scale pilot test (Phase II). The primary reason for organizing the study in this fashion was to determine whether the research instruments and field procedures developed during Phase I were appropriate and feasible in actual community settings. The success of the Los Angeles experience demonstrated that study instruments and operational procedures were adequate to meet research objectives, and indicated that the study could be successfully extended to additional sites. On the basis of the pilot effort, only minor refinements were made in the final research design, data collection instruments and field procedures before their implementation in San Antonio and Philadelphia in Phase III. It was thus possible to use the Los Angeles data base in conjunction with the data collected in the other two sites, yielding a three-site study design.

The National Day Care Home Study is a "first" in a number of ways. It is the first national study of family day care and the first attempt to describe its complexities as a social system. The three major types of family day care homes are represented in the National Day Care Home Study sample: regulated homes that are sponsored by an umbrella agency, independent regulated homes, and unregulated homes. The inclusion of unregulated homes in the sample constitutes an important breakthrough in the study of family day care; although these homes are the most common family day care arrangement, they are not easily identified and the cooperation of unregulated providers is not easily gained. The National Day Care Home Study was the first comprehensive study of the principal participants in family day care--the provider, the children in her care, their parents, and the formal and informal institutions of the day care community. It is also the only study of national scope to observe systematically the behavior of caregivers and children in family day care homes, using sophisticated and carefully tested instruments. Finally, the study assesses the cultural diversity of family day care across the three groups who together constitute the great majority of family day care users: Whites, Blacks and Hispanics. The design of the NDCHS will be treated in detail in Chapter Two.

1.4 Organization of the NDCHS Final Report

The present volume, designed for the technical reader, is the second in a series of volumes which together constitute the Final Report of the National Day Care Home Study. Volume I, the NDCHS Summary Report, summarizes the information in Volumes II through VII for the general reader who does not need the wealth of detail presented in those volumes.

Volume III, the Observation Component Report (by SRI International), presents the methodology and findings of the observations of caregivers and children conducted in family day care homes. Volume IV, the Parent Study Component Data Analysis Report (by the Center for Systems and Program Development), presents findings based on interviews of parents. It includes data on the parents' characteristics and day care needs, as well as the costs of care and parents' feelings about family day care.

Volume V, the Family Day Care Systems Report, presents an in-depth study of the structure and operations of family day care systems, based on interviews conducted with staff of 22 systems, both in the study sites and elsewhere. Detailed descriptions of the individual systems are presented as an appendix to that volume.

Volume VI, the Site Case Study Report, reports the results of site case studies conducted as an integral part of the study of family day care in Los Angeles, San Antonio and Philadelphia. Open-ended interviews conducted with over 30 knowledgeable respondents in each site provided the qualitative information needed to complement quantitative data collected through observations and structured interviews. In this way, a comprehensive picture was constructed of the social and political framework within which day care is provided--a host of contextual factors which determine the scope and shape of child care services in a given community.

Volume VII, the Field Operations Report, is a detailed presentation of the implementation of the National Day Care Home Study in Los Angeles, San Antonio and Philadelphia.

The present volume, the Research Report of the National Day Care Home Study, provides a detailed description of the analyses conducted on data gathered through in-depth interviews with the 793 caregivers who participated in the NDCHS. This volume was written as a resource for the technical reader and presents some methodologically sophisticated analyses, but wherever possible also gives explanations of the approaches taken so that the report is more easily accessible to a general audience. The organization of the remainder of this volume is described below.

Chapter Two is a detailed and technical presentation of design issues. In addition to a discussion of the development and purpose of the research design and site and sample selection, analytic issues such as the power to detect differences between homes and the generalizability of study results are treated.

The data collection instruments used throughout the study are reviewed in Chapter Three. This chapter provides a description of the caregiver interviews conducted in Phases II and III (the primary focus of this report), as well as a review of the observation component, the parent interview component, the family day care systems component, and the descriptive site case studies, all of which are described in more detail in separate volumes.

The findings of the NDCHS are presented in Chapters Four through Eleven. Chapter Four, a discussion of the characteristics of children in care, gives detailed descriptions of two important factors in the make-up of the family day care home--enrollment and age composition. In addition, a profile of the children in family day care along such dimensions as age, ethnicity and length of time in care is provided.

Family day care providers are the focus of Chapter Five, in which caregivers are described from many perspectives. In addition to providing basic descriptive information on caregivers' qualifications (such as experience, education and training) and background characteristics (such as age, marital status and income), this chapter explores caregivers' views of family day care and child-rearing and the extent to which caregivers are integrated into the communities in which they live.

Chapter Six describes the regulatory environment in the three study sites and the influence of regulation on the practice of family day care. Chapter Seven focuses on the Child Care Food Program and other aspects of nutritional planning in family day care. A profile of the parents inteviewed in the study is given in Chapter Eight; the relationship between parents and caregivers is also discussed.

Chapter Nine is an economic analysis of the costs of family day care. The costs associated with the provision of care, in relation to fees collected for these services, are used to estimate the net income derived from family day care.

Chapter Ten presents the results of a follow-up telephone survey conducted one year after caregivers were originally interviewed in Los Angeles. Through this survey, we gained a fuller understanding of both caregiver stability and the length of time children remain in care; this information is the primary focus of this chapter. In addition, changes along such dimensions as enrollment and age composition are presented.

Chapter Eleven presents an integrated analysis of data gathered through caregiver interviews and data gathered through direct observations of caregivers and children in family day care homes. In this chapter, we identify the characteristics of family day care providers that are associated with variations in the type of care children receive in homes.

Chapter 2: STUDY DESIGN

In the present chapter, we describe the design of the NDCHS and the sample selection process that was undertaken. Along with the discussion of the data collection instruments in Chapter Three, these facts provide a framework for interpreting the study's findings, presented in Chapters Four through Eleven.

2.1 Caregiver Survey

Because the prior research on family day care was scattered and because no national survey of the field had been conducted for some time, a small national caregiver survey was conducted at the outset of the National Day Care Home Study in order to help establish research priorities for subsequent study phases. The Caregiver Survey was primarily designed to examine the variation of family day care home characteristics from city to city and thus to lay the groundwork for site selection for a more intensive in-depth study to follow.

A preliminary examination of regulated family day care indicated that only large urban areas* could be expected to have enough regulated and sponsored family day care homes to be suitable as in-depth study sites. For this reason, the NDCHS concentrated only on these large urban areas. To ensure a representative selection of these areas, all eligible sites were stratified based on census characteristics such as geographic region, ethnicity, language and work force participation. Next, a stratified probability sample of 25 sites was selected, listed below.

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*U.S. Bureau of the Census Standard Metropolitan Statistical Areas (SMSAs) with population in excess of 300,000.

Allentown-Bethlehem-Easton
Atlanta
Chicago
Cleveland
Columbus
Dallas
Davenport-Rock Island-Moline
Detroit
El Paso
Gary-Hammond-East Chicago
Kansas City
Los Angeles-Long Beach
Louisville
Memphis
Minneapolis
New Orleans
New York City
Paterson-Clifton-Passaic
Philadelphia
Pittsburgh
Richmond
San Francisco
San Jose
Seattle
Washington, D.C.

A house-to-house listing in a few randomly selected blocks within these sites was undertaken. However, only about 250 family day care homes were located--an average of only 10 homes per site. It was clear that many of the family day care homes in the sampled areas had not been found. This was apparently due to three factors. First, many unregulated providers were reluctant to participate because they felt that participation in the study might jeopardize their ability to care for children. A related factor was that the survey effort in each site was too brief to develop the trust and support of the populace needed to overcome caregivers' initial reluctance to participate. Finally, our survey resources were limited--we were unable to knock on every door. Because family day care homes are relatively rare, many were simply missed in the listing process.

2.2 Site Selection

The small caregiver samples at each site were insufficient to indicate the characteristics of these individual sites. However, for Phase II and III site selection purposes, it was necessary to be able to estimate family day care characteristics on a site-by-site basis. On the average, this required about 150 homes per site, including regulated, unregulated and sponsored homes. Because of study resource constraints, we determined that these estimates could be produced for only 10 sites. Therefore, a subsample of 10 of the 25 SMSAs listed above was selected. The object was to select these 10 sites to maintain geographic dispersion, to represent a wide range of regulatory environments, and to include a broad spectrum of cultural, linguistic and socioeconomic groups.

To understand how cities vary based upon sociocultural variables, the entire set of 29 socioeconomic variables from the Summary U.S. Census General Social and Economic Characteristics was used to cluster all 248 urbanized areas in the United States into a few groups. The variables included such characteristics as total population, percentage foreign-born, persons five years old and older, families with own children under six years old, nonworker to worker ratio, percentage in labor force, and median family income. These variables are reasonable surrogates for the need for and use of day care, focusing as they do on work force participation and family characteristics, such as income.

The essence of the clustering procedure was to use the variables mentioned to compute a measure of distance among the cities, using principal components analysis. Two cities were considered close if they had many features in common; the fewer the features shared, the farther apart the cities. Using this technique, U.S. cities can be grouped reasonably well according to three major criteria loosely described as measures of socioeconomic status (SES): wealth, occupational status (blue collar vs. white collar) and education.

The most important finding of these analyses was that the urbanized areas within a geographical region tend to be similar to one another on the SES variables and tend to differ from urbanized areas in other regions. For site selection purposes it was important to have representatives of all urban types. Thus, at least one site had to be selected in each of the three regions identified. These regions were designated the South, the North, and the West, although they are larger than the regions to which these appellations are traditionally applied. The South, by definition, includes the Border States and extends into the Southwest, including Texas; the North extends into the northern Midwest through Wisconsin; and the West includes the remainder of the country. Analyses showed that northern cities tend to be industrial and blue collar; western cities are more white collar and wealthier; and southern cities have less manufacturing and are poorer, but are more varied in these respects. In terms of the measures of similarity used, cities in the three regions are relatively distinct and so provide a convenient clustering of the nation's cities for site selection purposes.* At least two study sites were to be selected from each regional cluster in order to represent the influence of differing regions and associated urban characteristics on family day care. Ten sites were selected as candidates for Phase II. These sites were distributed as follows within the regional clusters.

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*Washington, D.C. was shown by the statistical analysis to fall outside all the clusters, and was therefore downgraded as a potential study site. The analysis merely reflects the fact that, as the capital, Washington, D.C. differs in many characteristics from other cities in the United States.

East	South	West
Detroit	Atlanta	Los Angeles
Minneapolis	Dallas	Seattle
Philadelphia	El Paso	
Washington, D.C.	Memphis	

The ten candidate sites were evaluated not only on regional dispersion but also on the "wealth" factor previously identified by the principal components analysis. The reason for comparing cities in this manner is that the profile of day care within a site may reflect the level of employment within a city and the average income of workers, and especially the characteristics of women in the work force. In order to examine this hypothesis it is necessary to choose sites that represent variation along the "wealth" factor. The ten candidate sites can be classified on this factor as follows.

Low Wealth	Medium Wealth	High Wealth
El Paso	Atlanta	Los Angeles
Memphis	Dallas	Minneapolis
	Detroit	Seattle
	Philadelphia	Washington, D.C.

Thus, there was adequate representation of both the high end and the middle of the wealth scale, but the low end was sparsely represented, severely limiting subsequent site selection choices.

The ten sites were also selected to represent a diversity of family day care regulatory practice. Some of the sites have moderate to high levels of enforcement in both home licensing and enforcement of family day care regulations. In other sites, the levels of enforcement of licensing regulations could only be designated as loose, with little effort devoted to regulated homes. A third group of sites, which depend upon caregiver self-registration, is currently emerging. Under registration, caregivers themselves declare that they meet established criteria. Under the registration system currently implemented in Texas, only a small sample of registered homes is monitored each year. Thus for purposes of classification, sites using registration were grouped with sites having loose licensing enforcement.

Moderate to High Level of of Licensing	Registration or Loose Enforcement of Licensing
Detroit	Atlanta
Los Angeles	Dallas
Memphis	El Paso
Minneapolis	
Philadelphia	
Seattle	
Washington, D.C.	

We proposed to represent both of these categories in the final study design.

2.3 Results of the Phase I Survey

Within each of the ten candidate sites at this stage, a sample was drawn of each type of family day care home--sponsored, licensed/registered (regulated) and unlicensed/unregistered (unregulated)--within that site. Most of the ten sites had all three types of care (Los Angeles and Philadelphia, for example), whereas one had essentially only unlicensed care (Atlanta),* and another had no sponsored care (Detroit).

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* At the time sites were selected, Atlanta had very few regulated homes.

Because regulatory status differences were of primary concern to this study, it was important to be able to estimate these differences unconfounded by other large effects. Consequently, a design decision was made at this point to consider for site selection purposes only those sites which had adequate amounts of all three types of care--sponsored, regulated and unregulated. Because it was presumed that with sufficient resources enough unregulated care could be found at almost any site, concern centered on selecting sites with adequate amounts of sponsored and regulated care.

A review of the ten sites showed that four sites should be dropped, either because they had very few regulated homes or because they had no sponsored homes: Atlanta, Detroit, El Paso and Memphis. Dropping these sites removed from the candidate sample three of the potential Southern sites and both of the sites that were low on the "wealth" factor. It was deemed inadequate to have only a single remaining site in the South; before the next round of site selection, it was therefore necessary to find additional Southern sites. A review of potential sites showed that San Antonio was almost a perfect match for El Paso, which had been dropped. Not only was it in the South but it had wealth and occupational characteristics almost identical to those of El Paso. Furthermore, because it was also in Texas, it shared the same regulatory characteristics. Finally, it had the clear advantage over El Paso of having many more sponsored and registered homes. Thus El Paso was replaced by San Antonio in the list of site alternatives.

At this time all the large urban areas in the South were examined to find replacements for Atlanta and Memphis. This examination lead to the interesting conclusion that no city in this region had a large number of both sponsored and licensed day care homes. This finding should be considered in conjunction with the conclusion of National Day Care Study that the South has substantially more infant center care than any other area of the country.[1] As family day care also focuses predominantly on care for children under three, these findings show that the pattern of care for young children is different in the South than in other parts of the country. Although this merits further investigation in a subsequent study, from the perspective of the National Day Care Home Study this paucity of family day care in the South led to the inclusion of only Dallas and San Antonio as potential Southern sites.

No other potential study sites had to be eliminated because they had too few homes to meet our design criteria. However, Washington, D.C. was eliminated because its socio-economic characteristics were unique, as already noted. In a study based on only a few sites, only those sites that could be considered representative of clusters of cities could be considered. This left six potential sites in the three regions.

East	South	West
Minneapolis	Dallas	Los Angeles
Philadelphia	San Antonio	Seattle

2.4 Site Selection for the In-Depth Study

To select the study sites from among these possibilities, five selection criteria were adopted. First, the selected sites had to have ample geographic dispersion. This was necessary to obtain face validity and to represent the range of communities that use family day care. By choosing one site from each of the three regional clusters defined above, this criterion could be met and no further geographic stratification was deemed necessary.

Next, although the study was designed to deal solely with urban family day care, there are a variety of urban environments to be represented. Different family day care programs develop in response to different urban settings. Not only may such factors as climate be important, but also such features as the mix of single family dwellings and apartment buildings. The family day care provider in Philadelphia has a different set of choices of daily activities than does the provider in Los Angeles. Upon examination, the six potential study sites seemed to span the required range of urban environments adequately.

A range of regulatory practice across the selected study sites was also considered necessary in order to represent the potential impact of regulation on the distribution of available care. The range of regulation can be adequately represented by the two categories of regulatory practice (licensing and registration), and the six sites span these two categories. Furthermore, all of the six potential sites allowed for the simultaneous within-site selection of sponsored, regulated and unregulated homes so that differences in the distribution of homes across these categories could be examined as a reflection of regulatory practice.

The sites to be selected were also required to be socioculturally heterogeneous. In order for this study to have face validity as a national study, the range of groups needing day care and using family day care had to be represented. To do this with the fewest possible study sites requires that each of the sites selected include a range of population groups. The three ethnic groups that make up most of the consumers of family day care nationally are White (non-Hispanic), Black (non-Hispanic) and Hispanic. Of the three groups, Hispanics are by far the smallest, but still use a significant proportion of family day care. It was therefore decided to select sites so that Whites and Blacks would be represented in every site, but Hispanic family day care would be represented in only two sites (a minimum of two sites is needed to examine site-to-site variation).

Finally, the sites were examined to see if each would have a substantial number of subsidized family day care children. Because subsidized care is one of the areas of principal impact of federal policy, an adequate number of homes serving this population had to be included. All of the six sites appeared to meet this criterion.

Taking all of these criteria into account, three sites were selected for the NDCHS--Los Angeles, Philadelphia and San Antonio. These three sites taken together meet all of the established site selection criteria; no other set of three sites met them as well. (Site selection milestones are summarized in Table 2.1.) A statistical power analysis was conducted, which showed that only marginal increases in the study's capacity to generalize study findings would accrue if the number of study sites was increased by one or two. Because any such increase would have required large additional resource expenditures, it was decided that three sites were sufficient.

Table 2.1

A Synopsis of Site Selection Milestones for the National Caregiver Survey and the In-Depth Study of Family Day Care Homes

Issue/Objective	Decision/Result	Explanation
• Select sites for a small national caregiver study to support In-Depth Study site selection	• Select only large urban (i.e., SMSA > 300,000)	• Only large urban areas will have enough regulated and sponsored care to meet study objectives
• Select sites for the national caregiver study that insure representativeness	• Twenty-five sites were selected: Allentown Atlanta Chicago Cleveland Columbus Dallas Davenport Detroit El Paso Gary Kansas City Los Angeles Louisville Memphis Minneapolis New Orleans New York City Patterson Philadelphia Pittsburgh Richmond San Francisco San Jose Seattle Washington, D.C.	• The 25 sites are a probability sample selected after stratification on the basis of (1) geographic region, (2) ethnicity, (3) language and (4) work force participation
• Identify family day care (FDC) homes within each site	• 250 FDC homes were identified, an average of 10 per site	• FDC homes were identified from house-to-house listings within a few randomly selected blocks within each site.
• About 150 FDC homes per site actually needed to develop adequately reliable site profiles to make decisions about site selection for the In-Depth Study	• A subsample of 10 of the 25 sites was selected for a more thorough identification of FDC homes; these sites were: In the North Detroit Minneapolis Philadelphia Washington, D.C. In the West Los Angeles Seattle In the South Atlanta Dallas El Paso Memphis	• Resource constraints only allowed us to undertake a more thorough identification of FDC homes in 10 sites. Criteria for selecting these 10 sites included (1) geographic dispersion, (2) a wide range of regulatory environments, and (3) a sufficient spectrum of cultural, linguistic and socioeconomic groups. (SES for sites was established by means of a clustering procedure using the entire set of 29 SES variables from the Summary of the U.S. Census General Social and Economic Characteristics.) Clustering revealed that cities can be grouped according to three major criteria: wealth, occupational status (blue collar/white collar), and education. Three regions in which urban sites were similar within regions but different between regions emerged--the North, South and West. Ten sites were selected in these regions that met all other selection criteria.

Table 2.1
(continued)

Issue/Objective	Decision/Result	Explanation
- Sample each type of FDC home: sponsored, regulated (licensed/registered), unregulated (unlicensed/unregistered)	- Four of the 10 sites were found to have few regulated homes; these sites were Atlanta, Detroit, El Paso, and Memphis	
- Select sites for the In-Depth Study	- Three sites were selected: Los Angeles, Philadelphia and San Antonio. This was the only set that met all selection criteria.	- Because it was important to to estimate regulatory status differences unconfounded by other large effects such as site, the four sites found to have few regulated homes or no sponsored homes were dropped from the 10 site candidates for in-depth study. Dropping these four removed from the candidate pool three of the four potential Southern sites and both of the sites low on the wealth factor. San Antonio was found to be an almost perfect match for El Paso which had been dropped and so replaced it as a candidate, thereby compensating for the loss of Southern sites but especially the loss of low-wealth sites. All urban areas in the South were examined to find replacements for Atlanta and Memphis. This search bore no fruit because no other city in this region had enough regulated care to meet our design criteria. Seven selection criteria then were applied to the remaining sites of Minneapolis, Philadelphia, Washington, D.C., Dallas, San Antonio, Los Angeles, and Seattle. These criteria were: (1) representative of clusters of other cities, (2) geographic dispersion, (3) range of regulatory practice, (4) sociocultural heterogeneity, (5) a range of types of urban settings, (6) a substantial number of children in subsidized care, and (7) acceptance of the study.

2.5 Design of the In-Depth Study

Recognizing that the NDCHS was breaking new ground in many areas, in particular in finding and interviewing large numbers of unregulated family day care providers and in conducting in-home observations, we proposed a pilot test of all procedures in one of the three sites. Los Angeles was selected as the pilot site because it permitted both the study of the three types of family day care--sponsored, regulated and unregulated--and the three population groups of interest--Whites, Blacks, and Hispanics. The pilot test was designed to test all of the elements of the study, ranging from the site development techniques to the observation and information systems. The pilot study was designed so that if few or no changes were subsequently required, its data base could be integrated with the data from the remaining two study sites to produce a composite study analysis. Thus, the caregiver sample selected for the pilot study had to be sufficiently large to support analyses comparable to those conducted in the other two sites.

Three critical types of information were to be gleaned from the pilot. First, it was assumed that many providers might not wish to be identified or to cooperate in the study. Our field procedures had to be developed so that homes of all types could be enlisted and so that the various populations of interest would cooperate. The most effective procedures were then to be adopted for the subsequent sites. Second, it was believed that many family day care homes are short-lived and that attrition of both children and homes over the course of the study might be large. The pilot enabled us to estimate the attrition problems we might have over the course of the study, both by type of home and by population group. Third, the pilot provided the opportunity for assessing all of the study instruments. If an instrument required revision, it could be identified and corrected before implementation in subsequent sites.

Within the pilot site, the first step was to interview a sample of approximately 300 family day care providers covering all home types and population groups. From this sample, 144 family day care homes (a discussion of the basis for arriving at this sample size follows) were to be selected and stratified by type of care for follow-up study. To be eligible for the follow-up study, caregivers had to provide paid care to at least one child between the ages of one and five for twenty hours or more per week. The follow-up study consisted of three additional caregiver interviews and two mornings of in-home observations. For each follow-up study home, one parent with a child in care was also randomly selected for interview. (Observations are discussed in Section 2.8; parent interviews are described in Section 2.9.)

The sample stratification was a means of guaranteeing a sufficient sample of each type of care to detect differences between types. However, the differences between family day care homes are not simply differences in type of home. There are many other characteristics of these homes that potentially influence the care delivered. In particular, caregiver/child ratio and caregiver qualifications are frequently singled out for attention because of their presumed influence on the day care environment. In fact, these variables are referred to as "policy variables" because they are often incorporated in state and federal regulations governing child care.

For most family day care homes there is but one caregiver. In these cases, caregiver/child ratio is simply the inverse of the number of children cared for in the home. In all cases, however, the ratio reflects the workload for the caregiver.

Caregiver qualifications, such as years of experience and years of education, may also be determinants of the nature of care delivered, and perhaps of its cost. However, because of limitations on the number of homes to be selected and the requirement that three population groups be studied, it was not possible to use both experience and education as principal design variables.

Caregiver experience was selected to be the design variable because there was reason to believe that it is related more strongly than education to the kind of care delivered. First, it is related to turnover among new caregivers. They generally have a more unstable source of children than established caregivers and frequently only remain as caregivers for a short while. Furthermore, there were preliminary indications that enrollment is positively correlated with experience but not with education. That is, more experienced caregivers tend to care for more children, but more educated caregivers do not.* On the whole, it seemed more productive to use experience than education as a design variable.

2.6 Selection of Family Day Care Homes

A balanced factorial design, illustrated in Table 2.2, was used as a model for selecting homes. Three major design variables were used as factors, and homes were selected to fill the cells for the resultant design.

The first design factor was child enrollment, "E." (In those few family day care homes which have more than one caregiver, caregiver/child ratio rather than enrollment was

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*In our analyses, we were to find that both experience and education are correlated with enrollment; however, the relationship is much stronger for experience than for education.

Table 2.2

Pilot Study Design[a]

		Regulated Homes		Unregulated Homes		Sponsored Homes	
		LE	HE	LE	HE	LE	HE
White Caregivers	HX	4	4	4	4	4	4
	LX	4	4	4	4	4	4
Black Caregivers	HX	4	4	4	4	4	4
	LX	4	4	4	4	4	4
Hispanic Caregivers	HX	4	4	4	4	4	4
	LX	4	4	4	4	4	4

[a] Summary of Sample Characteristics:

Regulated Homes = 48
Unregulated Homes = 48
Sponsored Homes = 48
White Caregivers = 48
Black Caregivers = 48
Hispanic Caregivers = 48
Homes with high experience (HX) = 72
Homes with low experience (LX) = 72
Homes with high enrollment (HE) = 72
Homes with low enrollment (LE) = 72

used.) The second design factor was the length of the caregiver's experience in family day care, denoted by "X," and the final design factor represents the three different populations under study--Whites, Blacks and Hispanics. Enough caregivers of each population group were selected to allow separate analyses for each group.

The approach, displayed in Table 2.2, was to select day care homes divided between high and low values for enrollment and high and low levels of caregiver experience. Thus, some day care homes with low enrollment (LE) and some with higher enrollments (HE) were selected. Similarly, some homes were selected in which the caregivers had little day care home experience (LX), and some with more experience (HX). Finally, White, Black and Hispanic homes were selected.

The number of homes to be selected for the pilot study was determined by a statistical power analysis of the study's analytic requirements. To understand the determination of the study's sample size, several issues must be understood. First, few analyses were to be conducted using solely pilot data. Instead these data were to be combined with the data from the remaining study sites before inferences would be drawn. However, the pilot data were to be used to draw preliminary data-based hypotheses which could subsequently be tested in the remaining study sites. Thus the sample size for each group had to be large enough to detect substantial differences in home characteristics if they should arise. The pattern of differences would later be assessed for the remaining study sites to see if they represented a generalizable pattern in family day care.

In the design shown in Table 2.2, there are 9 groups or, in statistical terminology, "blocks" of homes with 16 caregivers in each block. Thus, for example, there are 16 sponsored Hispanic caregivers, divided evenly between high and low experience, and high and low enrollment. Similarly there are 16 Black regulated caregivers, 16 White unregulated caregivers, and so forth.

Note that 16 was the target for completed sets of caregiver interviews and observations for each block. Because attrition was expected and because not all caregivers were eligible for follow-up study, the actual number of interviews initiated per block was, in general, much greater than 16. The target number of initiated interviews varied from block to block depending upon expected attrition. For example, there was good reason to believe that sponsored homes were stable and that once they entered the sample they would remain for the entire study. Thus no oversampling was necessary for sponsored homes. On the other hand, regulated and unregulated homes are less stable, and in order to attain the target number in each block, more than 16 interviews had to be initiated. Overall, 300 interviews were completed with caregivers to create an adequate caregiver pool for follow-up study. The characteristics of this sample are described in the Section 2.7.

In order to make sample size determinations, it was necessary to focus on the alternative units of analysis. There were several possibilities: the family day care home, the caregiver, the child and the parent. Characteristics were to be measured for each of these populations and inferences drawn. The strength of these inferences increases in large measure as the number of elements under study increases. Because for most homes included in the study there is only one caregiver, but frequently two or more children and parents, inferences about characteristics of the home and the caregiver will almost invariably be weaker than inferences about the children enrolled. Thus the sample size had to be chosen to ensure that adequate inferences may be drawn about homes and caregivers. This will automatically produce even stronger inferences about children and parents.

The sample size of 15 caregivers per block was selected to be adequate to meet the statistical needs of a selected set of analyses--for example, adequate for analysis of differences among caregivers--but to be so small that if diminished any further it would seriously hamper the study's ability to draw inferences.

The overall block size is seen to depend on the sample size for the four cells of which compose each block. The cell size choices examined were 3, 4, 5 and 6. These correspond to block sizes of 12 (4x3), 16, 20 and 24. As there are nine blocks in total in the pilot site, the four choices of cell size correspond to overall site sample of 108 (9x12), 144, 180 and 216. These choices spanned the range of sample sizes that were determined to lie within the resource constraints of the study (100 to 150).

To choose from among these sample sizes it was necessary to determine how adequate these samples would be for detecting differences that might exist among caregivers in different cells of the design. To this end, it is appropriate to apply the statistical technique of power analysis. The object was to determine the probability that with a given sample size one could detect a difference between two groups if there was indeed a real difference between them.

The probability of detecting a difference in any study depends upon the actual size of the difference and the size of the sample. Thus, if the true difference is large, a study is much more likely to detect this difference than if the true difference were smaller. Likewise, a large sample is more likely to allow detection of a difference of any given size than a smaller sample.

An ideal power is 100 percent. This means that the researcher is absolutely assured of detecting an effect (i.e., difference) if one exists. The difficulty is that it generally takes enormous sample sizes to be assured of very high power, and at times a power of 100 is unattainable. Therefore, a compromise position must be reached. The level of power must be set high enough to make the study results useful but not so high that the study costs become prohibitive.

The sample size was set so that the probability was at least 80 percent for detecting large effects and at least 50 percent for detecting medium-sized effects. Calculations were carried out based upon tests of difference in proportions.* An example of such a test would be a test to see if sponsored caregivers were more likely to include an educational component in their program than unregulated caregivers. The proportion of each group of homes with an educational component would be calculated, as would the difference between groups. A medium-sized difference corresponds to a difference of about 20 percent--for example, if one group had educational components in only 20 percent of the homes whereas the second had it in 40 percent. A large effect corresponds to a difference of about 38 percent--for example, if one group had this component in 20 percent of its homes and the other in 58 percent. Clearly, it is much easier to detect large effects than to detect medium-sized effects.

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*The power of these tests will often be somewhat conservative because a great deal of ancillary information is available in the actual study. When these ancillary variables are correlated with the dependent variables under study, then a regression-type analysis, such as covariance analysis, will detect smaller differences than a t-test, by reducing the unexplained variance by $(1-r^2)$. At the design stage, however, we were in no position to estimate r.

Return now to the study design to see what the magnitude of significant differences is. To detect differences from one cell to the next requires calculating proportions based upon samples of 3, 4, 5 or 6, the potential cell sizes. However, even with a sample size of six the power is far too low.

Consider instead the objective of distinguishing differences among types of care--regulated, unregulated, and sponsored--within a given population group. With the basic cell sizes of 3, 4, 5 and 6 this yields block sizes for comparison of 12, 16, 20 and 24. The power for these sample sizes is shown in Table 2.3.

Table 2.3

Powers for Various Sample Sizes

Sample Size	Size of of Pilot	Basic Cell Size	Probability of Detecting a Medium-Sized Effect[a]	Probability of Detecting a Large Effect
N = 12	108	3	48%	75%
N = 16	144	4	55%	84%
N = 20	180	5	62%	89%
N = 24	216	5	67%	93%

[a] The power calculations in this section are set up to show the maximum possible power for a given sample size. Thus we are using an alpha level of 0.10 and computing power for one-sided tests of significance.

Note that N = 12 does not meet the power criteria of 50 percent and 80 percent in either category. Moreover, as these are themselves weak criteria, it is clear that N = 12 is too small. On the other hand, N = 16, with a cell size of 4, does meet the criteria on both counts, and was thus the smallest acceptable sample size. Ideally, it would have been preferable to have a larger sample size to make differences between types show up more clearly. However, for each increase of one in the cell size, the pilot size increases by 36. This growth in the pilot would have required a substantial increase in the cost of implementation and did not appear worthwhile for the small gains in power that would accrue. In fact, the actual differences between groups found by the study were large in many instances and thus the selected sample sizes proved to be adequate to address the study objectives.

2.7 Description of the NDCHS Sample

With this design as a basis, implementation of the study began.* To form a pool of homes from which participants could be identified, several target communities were selected within each site, and activities were concentrated in these areas. Lists of sponsored and regulated providers allowed staff to select these areas so that both these types of homes were adequately represented. A concentrated search for unregulated home care was then conducted in these communities, and, in addition, other areas of the cities were canvassed for unregulated homes to ensure sufficient numbers of providers in this important caregiver group. In total, 993 caregivers (148 sponsored, 390 regulated and 455 unregulated) were contacted through this process; 793 were eligible to participate in the study.*

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*For a more complete treatment of the study's implementation, see the Field Operations Report (Volume VII of the NDCHS Final Report).

Table 2.4 shows the distribution of these 793 caregivers by site, ethnicity and the regulatory status of the home. In general, interviews were conducted with more unregulated than regulated providers, and with more regulated than sponsored caregivers. This was due both to the limited number of sponsored caregivers in some sites and to the anticipation of higher refusal and attrition rates among those providers not sponsored by an umbrella agency, and especially among those who are unregulated. Caregivers from all three ethnic groups are also adequately represented, and with the exceptions of all sponsored care and Black regulated care in San Antonio, ample numbers of caregivers were interviewed in each individual cell to permit reliable estimation of cell means.

These 793 providers participated in an initial interview covering the core home characteristics such as enrollment and the ages of children in care. From this set, a subsample of 501 caregivers was selected, based upon the design criteria outlined in previous sections, to participate in subsequent interviews. With the exception of San Antonio, these homes are essentially equally distributed across ethnicity and the regulatory status of the home, in accordance with the study design.**

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*The vast majority of the 200 homes not included in further study were discontinued for one of three reasons: most of these homes were found not to be caring for children at this time, some could not be reached, and other were simply unwilling to participate.

**Due to the lack of sponsored care in San Antonio (there is only one agency), nonsponsored care is more heavily represented in the subsample selected there.

Table 2.4

Distribution of NDCHS Study Homes

LOS ANGELES

	Sponsored	Regulated	Unregulated	
White	18	71	49	138
Black	20	40	20	80
Hispanic	24	22	36	82
	62	133	105	300

SAN ANTONIO

	Sponsored	Regulated	Unregulated	
White	--	61	57	118
Black	9	13	48	70
Hispanic	12	31	80	123
	21	105	185	311

PHILADELPHIA

	Sponsored	Regulated	Unregulated	
White	23	21	29	73
Black	37	39	33	109
Hispanic	--	--	--	--
	60	60	62	182

TOTAL INTERVIEW SAMPLE

	Sponsored	Regulated	Unregulated		
White	41	153	135	329	(41.5%)
Black	66	92	101	259	(32.7%)
Hispanic	36	53	116	205	(25.9%)
	143 (18.0%)	298 (37.6%)	352 (45.0%)	793	(100.0%)

In essence, then, there are two groups of NDCHS providers, one a subset of the other. As a result, there are two approaches that could be taken to analysis: to select only caregivers interviewed all across the study (the subsample), or to use all available data for analysis concerning a particular question. The former approach has as its primary advantage the consistency that is gained by using only a single sample of providers for all analyses. In addition, the sample has been selected according to a set of design criteria and is therefore better balanced. This approach, however, eliminates valuable data that were gathered from the 292 caregivers who only participated in the initial interview, thus decreasing the degrees of freedom and hence the power to detect effects. The decision was therefore made to use all the available data to answer each individual question, and thus the sample sizes will vary throughout the report depending upon which sample was used. Because the NDCHS is essentially naturalistic in character (as opposed to experimental), little is sacrificed in the way of experimental design by using this latter strategy, and much is gained in the increased stability of our estimates of family day care characteristics.

2.8 In-Home Observations

In-home observations of both caregiver and child behavior were among the central data collection activities.* In fact, before this study no large-scale observation study had even been attempted in the setting of a family day care home. Sampling for this part of the data collection effort was intended to approximate, as closely as possible, the ideal study design, with 16 homes per block as in Table 2.2 above.

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*The observations are described in detail in SRI's Observation Component Report (Volume III of the NDCHS Final Report).

The observation study was designed to help characterize the family day care environment and provide independent verification of information obtained through caregiver self-report. The observation system involved two mornings of observations in each home, one focused on the caregiver and one focused on the children in her care. Observation data were collected in a natural situation and in experimentally structured situations.

SRI planned to select two children in each home for the observations--if feasible, one focus child aged 12 to 35 months, and one focus child aged 36 to 59 months. If there was only one age group present in the home, the youngest child and the oldest child from that group were selected as focus children. In about one-quarter of the homes in the Phase III sites (27%), only one child could be observed because no other children were cared for in the home. In 21 percent of the homes in which observations took place, only children in one age group were cared for, mostly children less than 35 months of age.

Two mornings of observations were conducted by SRI staff in a total of 303 family day care homes in the three sites--99 in Los Angeles, 89 in Philadelphia and 115 in San Antonio. Table ?.5 shows the distribution of these observations by home type in each site, as well as for the three sites combined.

Study goals were thus met or exceeded for almost all types of homes specified in the study design for each site. The observation study was most successful in the two Phase III sites, where over 90 percent of the sample goals were met. It is not surprising that there were shortfalls in the number of observations conducted in Philadelphia's White regulated homes and San Antonio's Black regulated

Table 2.5

Distribution of Homes for SRI Observations

LOS ANGELES

	Sponsored	Regulated	Unregulated	
White	14	15	13	42
Black	11	13	2	26
Hispanic	16	7	8	31
	41	35	23	99

SAN ANTONIO

	Sponsored	Regulated	Unregulated	
White	--	24	19	43
Black	5	7	14	26
Hispanic	11	18	17	46
	16	49	50	115

PHILADELPHIA

	Sponsored	Regulated	Unregulated	
White	15	12	14	41
Black	18	17	13	48
Hispanic	--	--	--	--
	33	29	27	89

THREE-SITE OBSERVATION SAMPLE

	Sponsored	Regulated	Unregulated	
White	29	51	46	126 (41.6%)
Black	34	37	29	100 (33.0%)
Hispanic	27	25	25	77 (25.4%)
	90 (29.7%)	113 (37.3%)	100 (33.0%)	303 (100.0%)

homes, as these were in limited supply and had been extremely difficult to locate.

The observation study was somewhat less successful in the Los Angeles pilot site, where approximately 70 percent of the study goals were met. This was due to two factors: the late start-up of initial interviews with unregulated homes; and the relatively short duration of the observation data collection period, which concluded when unregulated providers were still being identified and interviewed.

2.9 Parent Interviews

The parent interview conducted by the Center for Systems and Program Development, unlike the observations and caregiver interviews, provided a consumer perspective on family day care.* It was designed to learn why parents choose family day care, their preferences for the various types of child care, their satisfaction with their present child care arrangements and the costs of care.

The parent component design called for conducting an interview with one randomly selected parent from each home in which observations took place. Only parents who had children between the ages of one and 5 in care for at least 20 hours per week, and who paid a fee for care were considered eligible for the parent interviews. (Random selection of parents was frequently not possible because only one parent using the home indicated a willingness to be interviewed.)

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*Complete findings are presented in CSPD's Parent Study Component Data Analysis Report (Volume IV of the NDCHS Final Report).

A total of 348 parents using family day care were interviewed in the three study sites--105 in Los Angeles, 121 in Philadelphia and 122 in San Antonio. Table 2.6 shows the distribution of parent interviews by home type in each site, as well as for the three sites combined. Most of the goals for the parent component of the study were reached or exceeded in the two Phase III sites. In Philadelphia, however, sample size goals were not reached for White regulated and Black unregulated homes, and in San Antonio, for Black sponsored and Black regulated care. Considerably more difficulty was encountered in the Los Angeles pilot study in achieving study goals for the parent component than in the other two sites. An average of only 12 parents per block were interviewed in Los Angeles, as compared to 15 in San Antonio and 18 in Philadelphia.

Table 2.6

Distribution of Parent Interviews

LOS ANGELES

	Sponsored	Regulated	Unregulated	
White	12	15	14	41
Black	11	11	7	29
Hispanic	12	12	11	35
	35	38	32	105

SAN ANTONIO

	Sponsored	Regulated	Unregulated	
White	--	25	24	49
Black	5	5	17	27
Hispanic	10	20	16	46
	15	50	57	122

PHILADELPHIA

	Sponsored	Regulated	Unregulated	
White	24	14	18	56
Black	28	24	13	65
Hispanic	--	--	--	--
	52	38	31	121

THREE-SITE PARENT SAMPLE

	Sponsored	Regulated	Unregulated	
White	36	54	56	146 (42.0%)
Black	44	40	37	121 (34.8%)
Hispanic	22	32	27	81 (23.3%)
	102 (29.3%)	126 (36.2%)	120 (34.5%)	348 (100.0%)

Chapter 3: DATA COLLECTION INSTRUMENTS

A variety of data collection instruments and research approaches were used in gathering information for the NDCHS. Each of these instruments or techniques and its contribution to the study will be discussed in turn in the present chapter. Before describing each component of the study in detail, however, we must see how they fit together to provide a complete picture of family day care.

A schematic representation of the major factors influencing the family day care home is presented in Figure 3.1. At the center of the figure is the family day care home itself. The principal determinants of the family day care environment are the characteristics of the caregiver and those of the consumers--the children in care and their parents. In addition, the home is shown to be influenced by contextual factors: the state and local regulatory environment, the community in which the home is set, and the home's affiliation with a family day care system, if any.

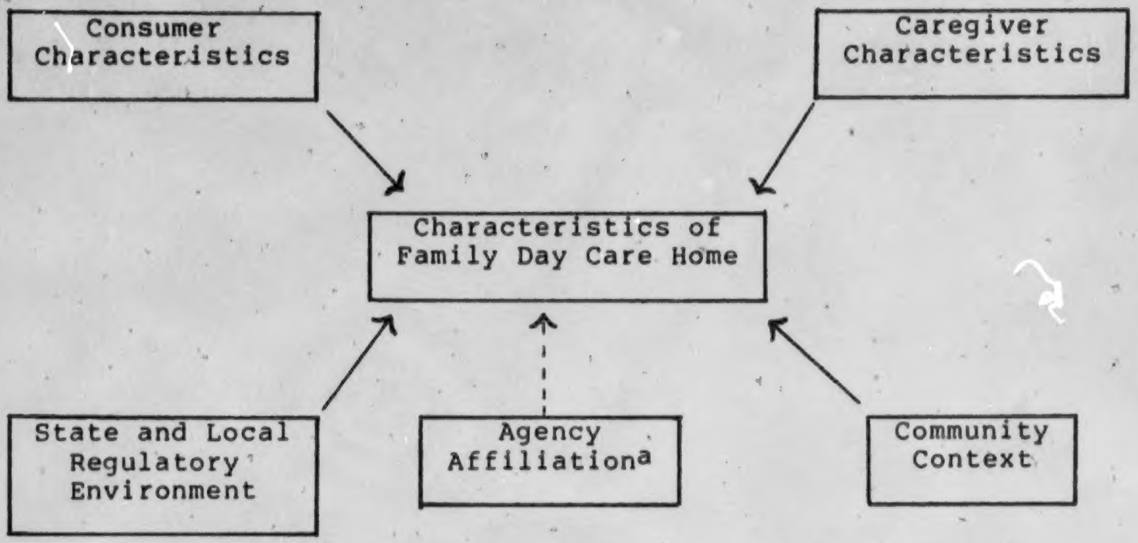
Each of the domains identified in Figure 3.1 was explored during the study in considerable detail. Figure 3.2 illustrates some of the principal variables associated with these domains. These variables were gathered using several different techniques.

- Caregiver interviews. Interviews were conducted in person with providers, exploring a variety of issues concerning the characteristics and operations of family day care homes.

- Adult-focused observations. In-home observations were conducted using an adult-focused observation system to record the interaction of caregivers with the children in their care.

Figure 3.1

Major Influences on Family Day Care


Consumer Characteristics
Caregiver Characteristics
Characteristics of Family Day Care Home
State and Local Regulatory Environment
Agency Affiliation[a]
Community Context

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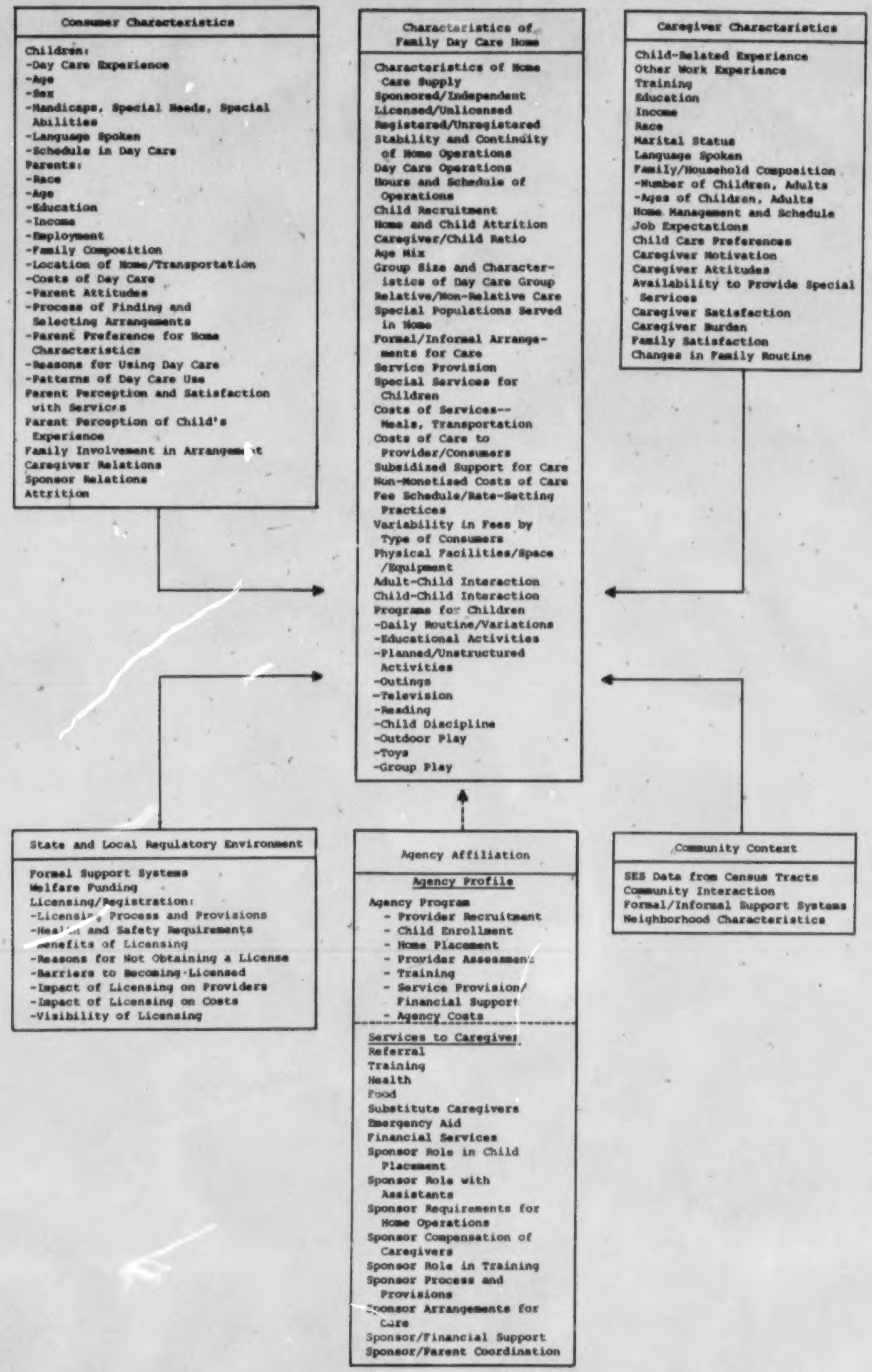
[a] The broken line connecting agency affiliation to characteristics of family day care home indicates that a given home may or may not be part of a family day care system. When a home is part of such a system, the services that the system provides and the requirements it makes are important determinants of the character of that home.

Figure 3.2

Variables in the Description of Family Day Care


Consumer Characteristics
Children:
-Day Care Experience
-Age
-Sex
-Handicaps, Special Needs, Special Abilities
-Language Spoken
-Schedule in Day Care
Parents:
-Race
-Age
-Education
-Income
-Employment
-Family Composition
-Location of Home/Transportation
-Costs of Day Care
-Parent Attitudes
-Process of Finding and Selecting Arrangements
-Parent Preference for Home Characteristics
-Reasons for Using Day Care
-Patterns of Day Care Use
Parent Perception and Satisfaction with Services
Parent Perception of Child's Experience
Family Involvement in Arrangement
Caregiver Relations
Sponsor Relations
Attrition
Characteristics of Family Day Care Home
Characteristics of Home Care Supply
Sponsored/Independent
Licensed/Unlicensed
Registered/Unregistered
Stability and Continuity of Home Operations
Day Care Operations
Hours and Schedule of Operations
Child Recruitment
Home and Child Attrition
Caregiver/Child Ratio
Age Mix
Group Size and Characteristics of Day Care Group
Relative/Non-Relative Care
Special Populations Served in Home
Formal/Informal Arrangements for Care
Service Provision
Special Services for Children
Costs of Services--Meals, Transportation
Costs of Care to Provider/Consumers
Subsidized Support for Care
Non-Monetized Costs of Care
Fee Schedule/Rate-Setting Practices
Variability in Fees by Type of Consumers
Physical Facilities/Space /Equipment
Adult-Child Interaction
Child-Child Interaction
Programs for Children
-Daily Routine/Variations
-Educational Activities
-Planned/Unstructured Activities
-Outings
-Television
-Reading
-Child Discipline
-Outdoor Play
-Toys
-Group Play
Caregiver Characteristics
Child-Related Experience
Other Work Experience
Training
Education
Income
Race
Marital Status
Language Spoken
Family/Household Composition
-Number of Children, Adults
-Ages of Children, Adults
Home Management and Schedule
Job Expectations
Child Care Preferences
Caregiver Motivation
Caregiver Attitudes
Availability to Provide Special Services
Caregiver Satisfaction
Caregiver Burden
Family Satisfaction
Changes in Family Routine
State and Local Regulatory Environment
Formal Support Systems
Welfare Funding
Licensing/Registration:
-Licensing Process and Provisions
-Health and Safety Requirements
-Benefits of Licensing
-Reasons for Not Obtaining a License
-Barriers to Becoming Licensed
-Impact of Licensing on Providers
-Impact of Licensing on Costs
-Visibility of Licensing
Agency Affiliation
Agency Profile
Agency Program
- Provider Recruitment
- Child Enrollment
- Home Placement
- Provider Assessment
- Training
- Service Provision/ Financial Support
- Agency Costs
Services to Caregiver
Referral
Training
Health
Food
Substitute Caregivers
Emergency Aid
Financial Services
Sponsor Role in Child Placement
Sponsor Role with Assistants
Sponsor Requirements for Home Operations
Sponsor Compensation of Caregivers
Sponsor Role in Training
Sponsor Process and Provisions
Sponsor Arrangements for Care
Sponsor/Financial Support
Sponsor/Parent Coordination
Community Context
SES Data from Census Tracts
Community Interaction
Formal/Informal Support Systems
Neighborhood Characteristics

- Child-focused observations. In-home observations were also conducted using a child-focused observation system to record the interaction of children with others in the family day care home.

- Parent interviews. Interviews were conducted in person with parents of children in care, exploring their needs, preferences and expectations, as well as their satisfaction with their family day care arrangements.

- System interviews. Interviews were conducted in person with administrative personnel of family day care systems, exploring the system's program and operations and associated costs.

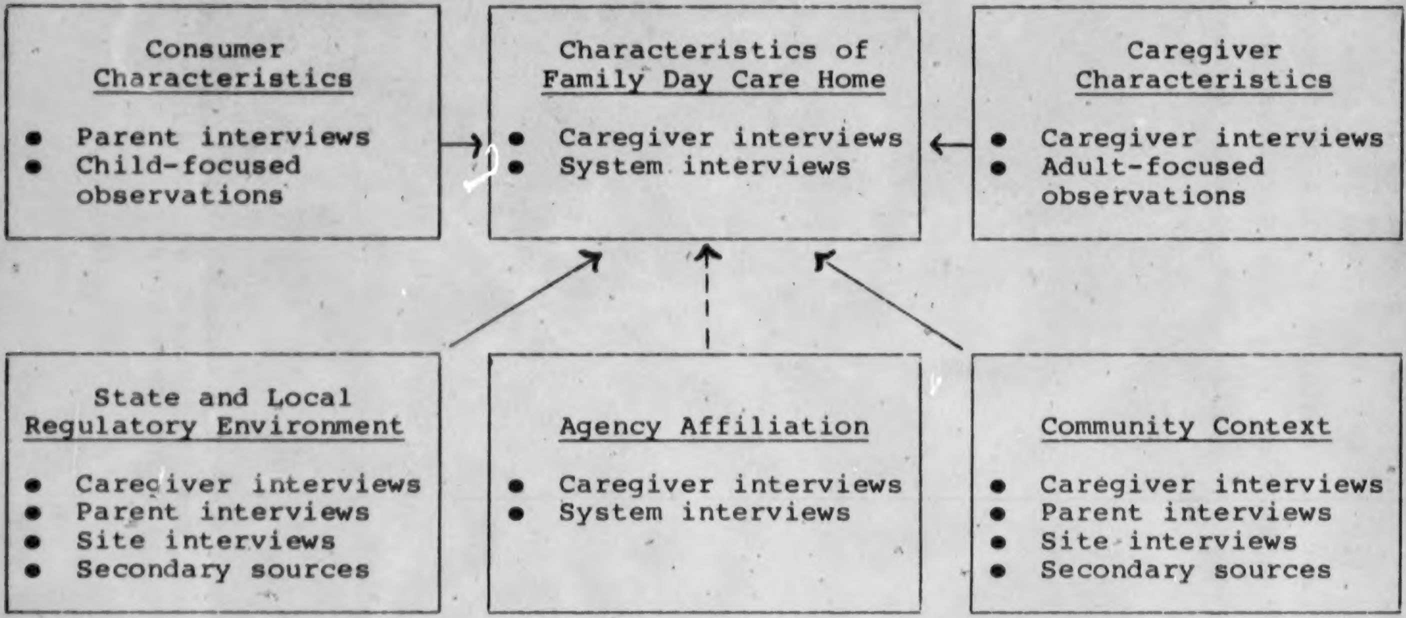
- Site interviews. Interviews were conducted in person with state and local officials and members of local day care organizations, exploring their relationships with family day care homes and systems.

- Secondary sources. Secondary sources were reviewed in each site to provide supplementary information concerning the regulatory environment and the community context for family day care.

For each of the domains identified in Figure 3.1, the data-gathering techniques that were used are listed in Figure 3.3. Study instruments were designed to obtain information from the optimal source for each variable and in some instances to obtain information on the same variable from several perspectives in order to increase the reliability of the findings.

Figure 3.3

Techniques Used to Gather Data in Each Information Domain


Consumer Characteristics
• Parent interviews
• Child-focused observations
Characteristics of Family Day Care Home
• Caregiver interviews
• System interviews
Caregiver Characteristics
• Caregiver interviews
• Adult-focused observations
State and Local Regulatory Environment
• Caregiver interviews
• Parent interviews
• Site interviews
• Secondary sources
Agency Affiliation
• Caregiver interviews
• System interviews
Community Context
• Caregiver interviews
• Parent interviews
• Site interviews
• Secondary sources

Responsibility for the development and administration of instruments was shared by three research organizations. The caregiver interviews, discussed in Section 3.1, were the responsibility of Abt Associates Inc. (AAI). Both the adult-focused observations and the child-focused observations, presented in Section 3.2, were developed and administered by SRI International (SRI). The parent interviews (Section 3.3) were developed by the Center for Systems and Program Development (CSPD). Finally, the study of family day care systems and the descriptive site case studies are reviewed briefly in Sections 3.4 and 3.5, respectively.

3.1 The Caregiver Interview Component

Because little was known about family day care at the outset of the NDCHS, the caregiver interview component was designed to collect a broad range of information about the caregiver, the children in her care, the overall structure and operation of her home, her relationship with children, parents and the community, and numerous financial aspects of family day care.

With regard to the caregiver herself, the interviews focused on:

- caregiver background characteristics, including age, race, education, training, experience, work history and income;
- the composition of the caregiver's family and the involvement of family members in running the day care home;

- caregiver preferences for the organization of the home, including the preferred number of children and their age mix;

- child-rearing practices and caregivers' ideas about child care; and

- caregiver motivation and role definition.

Characteristics of the children in care were discovered through a variety of questions concerning:

- the children enrolled and their families, including age, sex, race, handicaps, single-parent or welfare status, and relationship to caregiver;

- the children's schedules and the flexibility of care arrangements; and

- turnover and recruitment of children.

Home operations was the third major area of interest that was investigated. Topics addressed included:

- the regulatory status of the home, procedures and requirements for becoming a regulated home, extent of monitoring, and perceived advantages and disadvantages of regulation;

- the planned and informal activities of the children;

- special care arrangements for infants, school-aged or sick children (i.e., the caregiver as the child's extended family); and

- participation in the Child Care Food Program, nutritional planning and meals served.

Questions were asked about the caregiver's perceptions of her relationships with the other participants in family day care, including:

- caregiver interaction with children;
- parent/caregiver communication and relationships, including level of communication and the degree of satisfaction with the arrangements;
- the impact of operating a family day care home on the caregiver's home life; and
- neighborhood and community characteristics, the extent of the caregiver's adult contact, and participation in neighborhood organizations.

Finally, fees for services and the costs associated with the provision of family day care were investigated, including:

- fees and rate-setting practices for day care services;
- costs of operating a home; and
- taxes.

In the Los Angeles pilot study, these topics were addressed in a series of four interviews with caregivers. An initial interview, focusing on only the most basic questions in each of the five areas, was conducted in person with all 793 caregivers identified in the home location process. It was completed with anyone who cared for children other than her own, regardless of the age of the children, the number of children in care, cultural background, type of home or any other factor.

Family day care homes with characteristics appropriate to accomodate requirements of the research design were then selected from the initial interview sample to fill each of the design cells (see Table 1.1).* This group of homes formed the major study sample for three subsequent in-depth interviews, caregiver and child observations, and interviews with parents of family day care children.

In Philadelphia and San Antonio, on the other hand, only two interviews were used to gather the necessary data. The decrease from four caregiver interviews to two was made in response to a mandate from the Office of Management and Budget to reduce overall respondent burden. This proved to be possible without great loss of information by restructuring the interviews and eliminating areas that had not proved to be fruitful in the pilot study. For example, the interviews were scheduled closer together in Philadelphia and San Antonio, so that it was not necessary to probe for changes in home composition and enrollment in the second interview. Certain sets of questions were deleted from the interview because pilot study analyses showed that they did not differentiate usefully among groups of family day care homes, or that they yielded different (and less important) information than was intended. Finally, redundancies in the pilot study questionnaires were eliminated. During this process, care was taken to keep the modified questionnaires compatible with those used in Los Angeles.

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*In addition to selection criteria based on design requirements, homes selected for further study were required to provide paid care for at least one child between the ages of one and 5 for at least 20 hours a week. The age restriction was necessary to accomodate technical requirements of the observation system (see Section 3.2), which was designed to focus on children aged 12 to 60 months. Infants and school-aged children were also included in the study sample but were not the focus of detailed behavioral observations. The requirement that at least one child be in care for 20 hours a week or more ensured that a child would be present long enough to participate in the observations and also ensured a sample of children for whom family day care homes provide a significant amount of day care. Finally, a paid arrangement was required because of the importance of economic issues in family day care to the study.

Other changes in the instruments were made at the recommendation of the study's Consultant Panel,* following a review of preliminary pilot study data and topics covered in the questionnaires. The caregiver interview was expanded considerably in order to yield a fuller understanding of the child's day care environment. Questions were added asking caregivers about their attitudes, philosophies and responses to children, supplementing information on adult behavior obtained through observations by SRI. Information was gathered about management of a mixed age group of children, caregiver orientation to the individual child or to the group as a whole, structure, planning and teaching, child management techniques, passive supervision, appropriate stimulation for children of different ages, as well as caregiver involvement and style. These data are of critical importance in understanding and characterizing family day care homes.

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*In addition to the agency and research organizations conducting the National Day Care Home Study, a Consultant Panel was established during Phase I to provide formative advice, consultation and peer review. The Consultant Panel, representing a range of relevant research specialities, participated in the study design, implementation and analysis. The panel included Black, White and Hispanic consultants to ensure sensitivity to issues of concern for populations most frequently served by family day care. The minority group members of the panel formed a Minority Task Force to identify technical and policy issues of particular significance for minorities and to offer broad procedural guidelines for addressing these concerns.

One year after the completion of the Los Angeles data collection, participating caregivers were re-contacted by telephone for a short follow-up interview. Caregivers who were still caring for children were interviewed for about twenty minutes; the interview with those no longer providing care lasted only ten minutes.

The telephone survey was designed to obtain information about changes in home operations during the elapsed year, attrition of children in care and attrition of family day care homes. To characterize changes in home operations, such basic information as group size, ages of children in care, backgrounds of new children and hourly fees was gathered. In the area of attrition of day care homes, information was obtained about when and why the caregiver stopped providing care, her current occupation and income, and termination of enrolled children. Finally, the telephone survey gathered information on terminated children: length of time in care and reasons for termination. The results of analyses of these data are reported in Chapter Ten.

3.2 Observation Component

The second major data collection component was carried out by a team of observers trained to administer an in-home observation system developed specifically for this study by SRI in cooperation with Jean Carew. The data collected played a central role in the characterization of the family day care environment by providing detailed information on interactions between caregivers and children. In addition, observations provided independent verification of information obtained through caregiver self-report.

Basic concepts from child development theory were used as a framework for the development of the observation system, which had two foci--the caregiver and the child in her care. With respect to caregiver behavior, the observation instruments were designed to record caregiver strategies in interacting with children, the type of activity that she facilitates or restricts, her affect toward children and her use of language with them. From the child's perspective, we were interested in recording the child's activity, the person with whom the child is interacting, the child's participation in conversation and the child's affect.

Based upon these constructs, two observation instruments were developed to record consecutive events at signalled intervals--an adult-focused instrument and a child-focused instrument. Examples of the activities which can be coded by the instrument are language, fine motor activities, gross motor activities, conversation, work and watching television. Child behaviors such as prosocial behavior, antisocial behavior and distress can also be recorded.

Using these instruments, observations were conducted in two contexts: natural situations and experimentally manipulated structured situations.* In the natural situation, caregivers and children were observed going about their usual activities for approximately two hours on each of two mornings. It was expected that natural observations would provide the best evidence of the activities and behaviors that normally characterize the family day care home. However, because observers spent only a relatively short time in each home, there was no guarantee that similar activities would be observed in all homes. To compensate for this, structured situations were used to supplement the natural observations. In the structured activity, each caregiver was asked to show a Play-Doh Factory to the children. The purpose of this activity was to observe the caregiver's approach to teaching a skill involving fairly complex eye-hand coordination and nonverbal reasoning, and her methods of encouraging prosocial behavior and discouraging antisocial behavior in children.

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*Observations using these instruments were conducted in two structured situations in the Los Angeles Pilot Study. One of these structured situations was not used in Philadelphia and San Antonio, however, because it did not capture useful information about interactions. See Chapter Eleven for a full description of these observations.

To supplement this picture further, a third observation instrument--the Book Tally--was developed for use in another structured situation. During this activity, the caregiver was asked to present a picture book, Kitten for a Day by Ezra Keats, to the children. Observers then coded how often the caregiver encouraged children to participate actively by asking questions, offered explanations, labeled and discussed concepts, encouraged children to associate the characters or events in the story with characters and events in their own lives and encouraged them to think about the feelings and motivations of the characters in the story.

In addition to observing natural and structured situations, observers completed Nutrition and Physical Environment Checklists for each home. The Nutrition Checklist provided information about the number of meals and snacks and the types of food prepared and/or served to the children. The Physical Environment Checklist contained 29 statements describing health and safety features of the home and the presence of play areas and toys appropriate for children. Finally, observers completed a summary assessment of the atmosphere of the home, indicating such events or conditions as physical conflict, noisy and disruptive behavior, distress, potentially dangerous situations, care for infants and caregiver attitude toward her work. These checklists were added to the observation system following the Los Angeles pilot study.

SRI conducted two small observation substudies in Phase III. The first was designed to describe the afternoon setting in the home and document any changes in interactions that might occur when school-aged children entered the home at the end of the school day. The second substudy was designed to determine stability of caregiver/child interactions over time in homes that care for preschoolers. Plans called for conducting observations in the same home at two time points four to six weeks apart.

As noted in Chapter One, the observation component is described in detail in SRI's Observation Component Report, Volume III of the NDCHS Final Report.

3.3 Parent Interview Component

For the most part, family day care is arranged privately between the caregiver and the parents of children needing care. It is only by reference to the parents' needs, preferences and level of satisfaction that this arrangement can be understood. This was the purpose of the parent component of the NDCHS.

The study was designed to obtain an interview with one parent who used each of the family day care homes selected for observation and caregiver follow-up interview. This was to allow for a coordinated assessment of each home: not only would there be independent observations of the nature and character of each home, but the study could also make use of the parents' own evaluations based upon their reasons for selecting the home.

Over 300 parents in Los Angeles, San Antonio and Philadelphia participated in one-hour interviews. These parents were selected to represent the racial and ethnic groups included in the study and also on the basis of marital status and the ages of their children.

The parent interviews included questions about:

- parent motivation;
- parent satisfaction;
- current and previous child care arrangements;
- services provided;
- costs to parents;
- parent relationship with caregiver;
- parent communication with caregiver;
- child-rearing ideas; and
- family demographic data.

Among the items included in the parent interviews were those that permitted the assessment of major factors influencing the decision to use family day care and the reasons for selecting a particular caregiver. For example, interviewers explored the relation of the caregiver to the parent, the availability of other options for child care, and the extent to which parents were involved in the selection of a caregiver. Additional items included the way the parent found the caregiver, what community agencies were helpful in the search, what steps the parent might take in the future to obtain child care, and what role community agencies might assume in the future in the provision of information and referral services.

In addition, a number of items explored the services that family day care homes provide for parents and the services that parents actually use. Specific measures of satisfaction were obtained with regard to services provided, services provided to children with special problems or handicaps, costs of care, parent communications with caregivers, and the parent's assessment of the values or behaviors communicated to the child by the caregiver. In addition, parents were asked about their ability to pay for current services and to indicate the maximum fee they could afford to pay.

Because communication between parent and caregiver was considered central to the study, questions were included about the content, frequency and type of these communications. If issues important to the parent were not communicated, parents were asked about the reasons behind this lack of communication. Related questions focused on parents' ideas about child-rearing. Items were designed to assess the extent of agreement between the parent and the caregiver on basic principles of child-rearing, and the importance to the parent of such agreement. Parents were asked what values or behaviors are important for children to learn and if these values or behaviors were being reinforced in the family day care home. The question of parents' satisfaction with discipline applied by the caregiver was also explored. In addition, the instrument included questions on how differences between parents and caregivers are resolved or, if they are still unresolved, why this is so.

Other items in this component pertained to the relationship between caregiver and parent within and outside the caregiving arrangement. Questions were included here on the quality and closeness of relationships between parents and caregivers. Some questions explored the extent to which parents depend on caregivers, family or community resources for information and advice about child-rearing and other matters, and other questions asked about the ease or difficulty of using relatives and friends to provide day care.

The last major area covered was child and parent demographic data--data crucial to most of the research issues in this study. The questionnaire included items on family size and structure, ethnicity, age of parent, family mobility and stability, educational attainment of parent(s), income of parent(s) and primary source of income. For a detailed analysis of the parent interview data, the reader is referred to the Parent Study Component Data Analysis Report prepared by CSPD, Volume IV of the NDCHS Final Report.

3.4 Family Day Care System Component

A small but significant portion of family day care homes are affiliated with family day care systems. These systems in turn are generally components of larger social service agencies, either public or private, religious or secular. These systems are important from a policy perspective because, in general, they provide subsidized day care.

The diversity of social service agencies with family day care components results in a diversity of philosophy, goals, administrative structure and program.

Accordingly, in order to understand how these systems function, information was gathered from a wide variety of agencies in the study sites.

Family day care agencies often increase or improve the supply of day care services in the community through the provision of financial support, whether it takes the form of guaranteed purchase of service, salaries, fringe benefits, or subsidy of meals and transportation. Agencies may also provide direct services. For example, they may provide transportation and supplies, make referrals of new children, and provide medical services to children and families. Services to caregivers were compared across systems and, when analyzed in conjunction with caregiver and parent satisfaction, contributed to an assessment of the agency's impact on providers and consumers.

Two structured interviews--one to collect data about the family day care system's program and one to collect cost data--were used. The program instrument covered the following areas:

- agency organization and family day care component characteristics;
- provider recruitment;
- child recruitment and enrollment procedures;
- assessment of the provider;
- training;
- services provided; and
- financial support.

Sponsoring agencies were queried on their perceptions of what constitutes quality care and what they perceive to be important caregiver attributes. Procedures and criteria used by the system to assess caregivers were examined, including their initial assessment of caregivers and periodic evaluations to assess the continued adequacy of the arrangement. Questions were also asked about the factors considered in placing children in homes, including arrangements for meetings between parents and caregivers before placement and among parents, caregivers and agency personnel once placement has been made.

An organizational chart was developed as part of the data collection in order to portray the relationship of the family day care system to other programs operated by the agency. Information was also obtained on goals, services and staffing for each agency program. This interview was completed before family day care homes in the systems were visited for caregiver interviews. Interviewers who visited homes were provided with contextual data on the sponsoring agency as background for the interview.

The cost instrument, on the other hand, was developed to determine the cost per child and cost per home of operating a family day care system. Included were questions in such areas as:

- labor costs;
- costs of providing training;
- annual child-hours and child attendence;
- government reimbursement rates;
- parent fees;
- rates paid to providers; and
- participation in the Child Care Food Program.

On the basis of these data it was possible to identify policy variables associated with variations in unit costs, as well as the relationships among the many cost components.

The reader is referred to the Family Day Care Systems Report, Volume V of the NDCHS Final Report, for a detailed analysis of this information.

3.5 Site Case Studies

The site case studies were descriptive studies of the social and institutional context for family day care in each of the three study sites. Key factors which have shaped and continue to influence urban family day care were explored in the site case studies. These factors included broad social and economic factors as well as the specific impact of state and federal day care involvement. Major elements include demographic and economic variation among the sites, historical or cultural conditions which influence the local day care environment, and the social network of key day care groups and individuals in the community. The nature and extent of federal and state funding in each site is documented, as is the regulatory environment, including the structure and operation of the regulatory system. This information was used in understanding how differences in federal, state and local regulations and differences in administrative structure affect the configuration of family day care in the study sites.

Each individual case study sheds light upon the unique forces that influence day care in the local community and helped elucidate site differences in other study components that cannot be explained by quantitative analysis alone. Written to a similar outline, the case studies provide a basis for comparisons among the sites. They were designed to give a sense of the context in which the study was conducted and of the interaction between local conditions and policy decisions at the local and national level.

The reader is referred to the Site Case Study Report (Volume VI of the NDCHS Final Report) for a description of the forces acting on family day care in Los Angeles, Philadelphia and San Antonio. The background information in that report serves as a useful introduction to the remainder of the present volume.

Chapter 4: CHARACTERISTICS OF CHILDREN IN CARE

> Children in family day care get love in two homes: their parents' and the babysitter's, so they get spoiled twice.
>
> --NDCHS Respondent

Family day care homes are characterized by the care they provide for children. We begin the presentation of our research results by describing the population of children who were enrolled in NDCHS study homes.

Description of this population is complicated in that there are several distinct perspectives needed to understand the distribution of children in family day care fully. On the one hand, one may examine this distribution by analyzing the number of children enrolled in each home. This construct--enrollment--is the most frequently regulated home characteristic and is believed to influence a wide variety of home processes including caregiver burden and the quality of care delivered. Enrollment is therefore the focus of the first section of this chapter. Included in this section are such issues as alternative definitions of group size, the appropriate data source to use for such calculations, and the relationship between the number of children the caregiver has of her own, the number of nonresident children related to the caregiver, and the number of additional nonrelated children she takes in (Section 4.1).

An alternative description of this population can be based upon the ages of children in care. Enrollment is only a crude characterization of caregiver burden; clearly, the ages of the individual children enrolled can be shown to exert as much, if not more, influence upon home processes than their sheer numbers. Thus, in Section 4.2 we present the age composition of the NDCHS sample of children--their ages, the age mixes found in family day care homes, and the relationship between age mix and enrollment.

A final approach we take in this chapter is to describe this population by focusing upon a variety of descriptors of the children themselves. In Section 4.3 we present descriptive data relating to ethnicity and family status, enrollment mechanisms and finally, the stability of the caregiving situation.

4.1 Enrollment and Caregiver/Child Ratio

Regulations for family day care have typically placed a ceiling on the number of children in a family day care home. The FIDCR in place during this study restricted family day care homes as follows.

- For children from infancy through 6 years: no more than 2 children under 2 and no more than 5 in total, including the family day care mother's own children under 14 years old.

- For children from 3 through 14 years: no more than 6 children including the family day care mother's own children under 14 years old.

Thus the FIDCR limit is either five or six depending on the ages of children in care.

Any description of enrollment and caregiver/child ratio depends upon one's definition of these terms. The definition incorporated in the FIDCR is but one of many possible ones that appear in state regulations and in the literature, varying not only with respect to both the number and ages of enrolled children, but also of the caregiver's own children. In Los Angeles, for example, at the time of our study, two different standards were being used. One included in total enrollment the caregiver's own children under 14 (as in the FIDCR); the other counted only her children under 7. Furthermore, these definitions often ignore another, equally serious issue--the time at which the enrollment count is taken. For example, a count of all children who are ever present in the home may not reflect the actual number in the home at any given time. Moreover, it is important to consider whether, under certain circumstances, it is preferable to measure instead the caregiver/child ratio, which takes into account the predominantly casual, but sometimes regular, presence of secondary caregivers. Issues in defining enrollment and ratio topics are addressed in Section 4.1.1.

Beyond these basic issues, which form a foundation for describing enrollment, a further concern is the influence of the number of children related to the caregiver--both resident and nonresident--on the way the caregiver structures her family day care home. Regulations have typically included the caregiver's own children in their definition of group size, because these children also require the caregiver's attention and thus should be considered when measuring enrollment. The question also arises whether caregivers likewise consider the number of their own children or other related children when deciding whether to take in an additional child. Data on enrollment can be examined to determine whether caregivers in general feel that the number of related children is important in determining their overall burden. These issues will be addressed in Section 4.1.2.

4.1.1 Profile of Enrollment

The study of the structure of the family day care home begins with group size. The variety of ways that group size can legitimately be measured reflects the complexity of an issue which at first glance appears quite straightforward. The determination of the group size of a particular home is a function of the method by which the number of children and the number of caregivers are computed. Analysis of the concept of group size is dependent upon two important measurement issues.

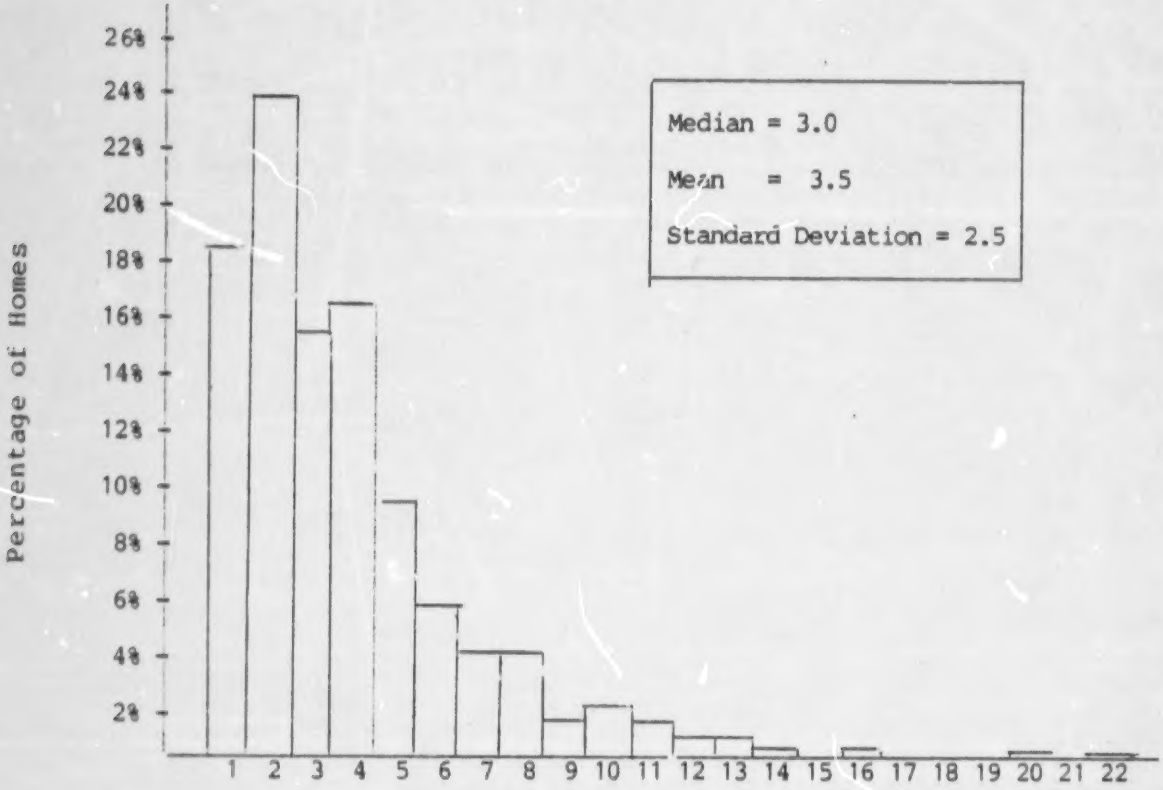
- Which children and adults should be included in measurements of caregiver/child ratio and group size?
- Should these measures be based on observations or are lists of individuals present during the day sufficient?

These issues will be addressed in stages. First, different measures of group size will be described. The single simplest measure--the number of nonresident children enrolled in the home--will be used as an index of size, and then an alternative measure that includes resident children (usually the caregiver's own children) will be discussed. Next, measurement issues and alternative definitions of enrollment will be treated.

The number of nonresident children enrolled in the home is most often used as the indicator of the size of the family day care group. Across all 793 study homes, the number of nonresident children per home ranged from one to 22 with a median of 3 (see Figure 4.1). Most homes (90%) had six or fewer children enrolled, dispelling the frequently held misconception that a substantial proportion of family day care homes have inordinately large groups.

Figure 4.1

Distribution of Number of Children per Home
(793 homes)



The number of nonresident children per home was found to vary significantly across caregiver ethnicity; Hispanic homes had one child less, on average, than non-Hispanic homes (2.7 vs. 3.8).* (See Table 4.1.) Enrollment also varied significantly by the regulatory status of the home; however, although mean differences across sites were minimal, the relationship between regulatory status and enrollment was found to be signficantly different across sites.** (See Table 4.2.) In Los Angeles, sponsored homes were twice as large as unregulated homes; enrollment in regulated homes fell closer to that of unregulated homes. Unregulated homes in San Antonio are also extremely small, but enrollment in regulated homes is larger than that in sponsored homes by one child, on average. In direct contrast, Philadelphia's unregulated homes are larger than either their sponsored or regulated counterparts.

Table 4.1

Mean Number of Nonresident Children Per Home by Ethnicity and Regulatory Status

	Sponsored	Regulated	Unregulated	
White	4.3	4.4	3.1	3.8
Black	4.6	3.9	3.3	3.8
Hispanic	3.8	3.4	2.1	2.7
	4.3	4.0	2.8	3.5

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*All differences across design cells noted in this report are significant at the .05 level unless otherwise noted.

**That is, a significant interaction (p<.001) was found between regulatory status and site.

Histogram of Table 4.1

Mean Number of Nonresident Children Per Home by Ethnicity and Regulatory Status

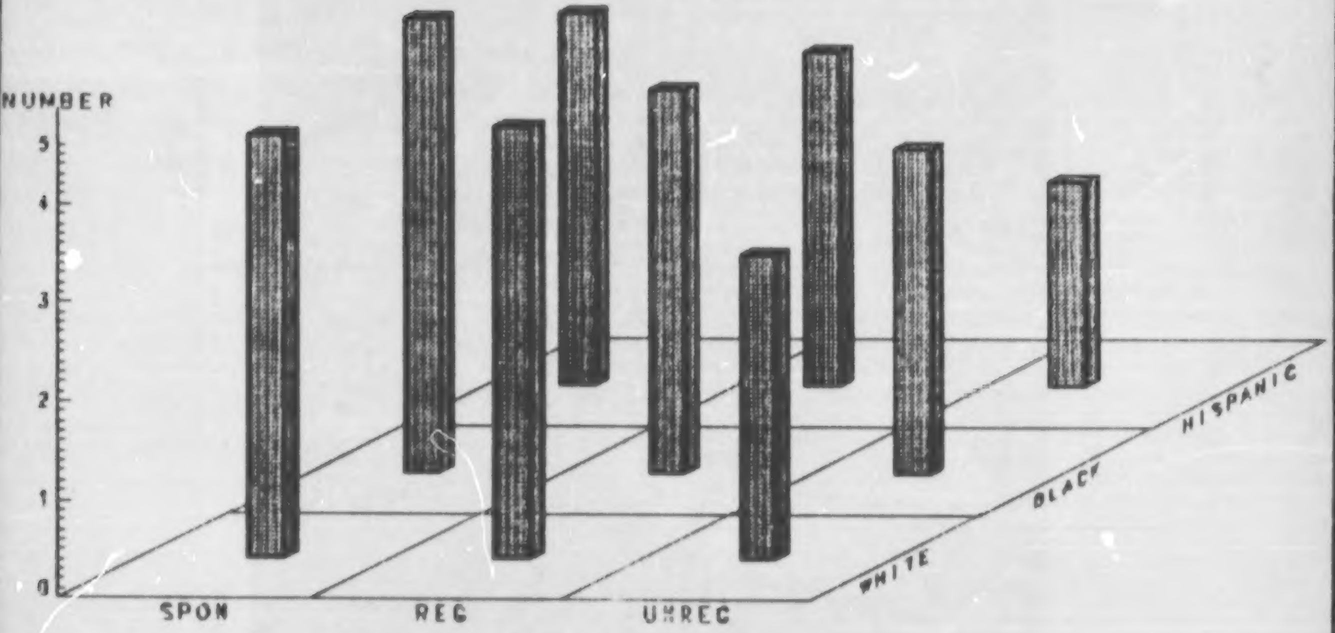


Table 4.2

Mean Number of Children Per Home by Site, Ethnicity and Regulatory Status

LOS ANGELES

	Sponsored	Regulated	Unregulated	
White	5.7	4.2	3.0	3.9
Black	6.9	3.2	2.8	4.0
Hispanic	3.9	2.9	2.2	2.9
	5.4	3.7	2.7	3.7

SAN ANTONIO

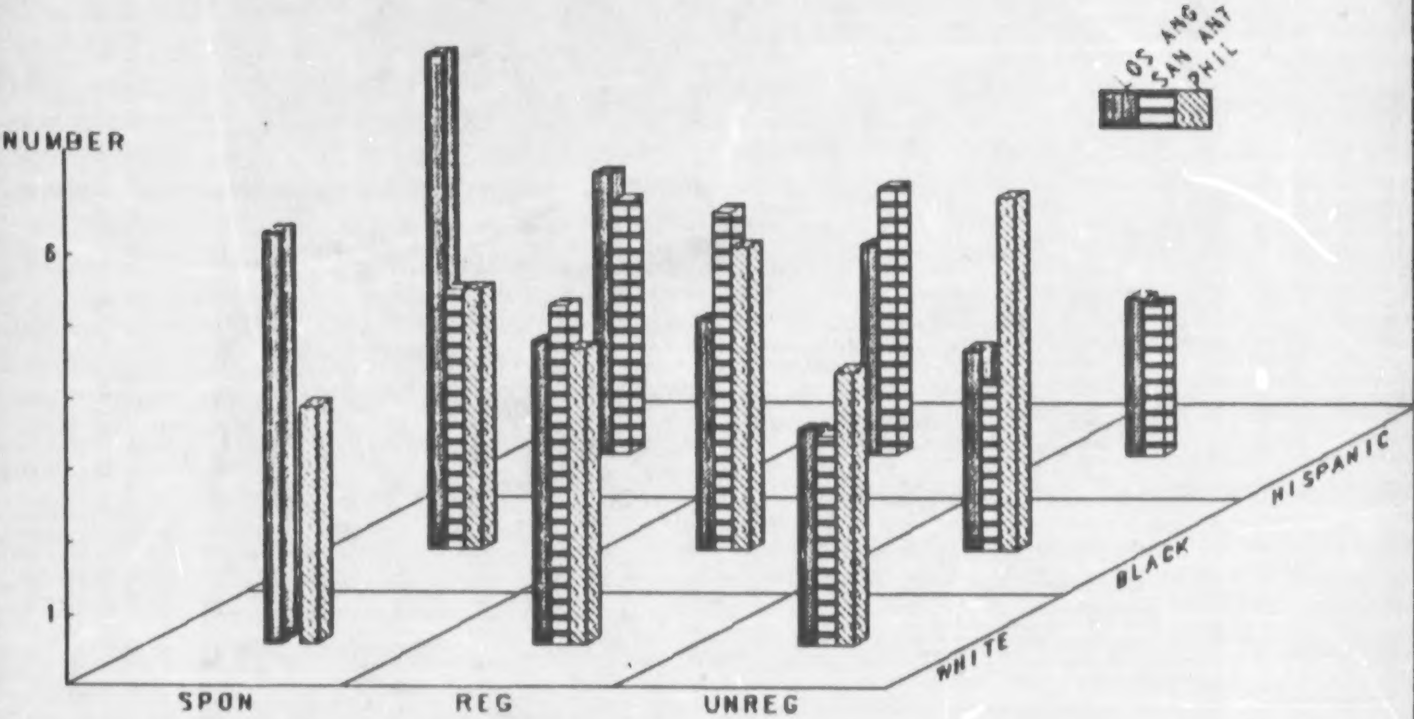
	Sponsored	Regulated	Unregulated	
White	---	4.7	2.9	3.8
Black	3.6	4.7	2.3	2.9
Hispanic	3.5	3.7	2.1	2.6
	3.5	4.4	2.4	3.2

PHILADELPHIA

	Sponsored	Regulated	Unregulated	
White	3.3	4.1	3.8	3.7
Black	3.6	4.2	4.9	4.2
Hispanic	---	---	---	
	3.5	4.2	4.4	4.0

Histogram of Table 4.2

Mean Number of Children Per Home by Site, Ethnicity and Regulatory Status



The particularly large enrollments found in Los Angeles sponsored homes seem to reflect the lack of exclusive use agreements* between most systems and their providers. Thus many of the children in sponsored homes were recruited by the caregiver herself and not by the sponsoring agency. These non-exclusive use providers are free from sponsoring agency enrollment limits and many care for almost as many nonsponsored children as sponsored children.** On the other hand, all sponsored care in San Antonio (there was only one agency in existence at the time of the study) and most sponsored care in our Philadelphia sample was based on exclusive use arrangements between agency and provider. The majority of system providers in these cities are therefore restricted to enrolling only as many children as the agency is able or willing to place.

Enrollment in regulated homes follows a different pattern. Both licensing and registration increase caregivers' access to referral sources (see Section 4.3.3), making it possible for providers to care for larger numbers of children. In fact, many caregivers become regulated because "you can't advertise or get any [child care] referrals without a license." In Los Angeles and San Antonio, an increased access to families in need of care through these more formal mechanisms may account for much of the enrollment difference observed between regulated and unregulated providers. Interestingly, among regulated providers, the highest enrollments are found in San Antonio. Recall, too, that regulation in San Antonio takes the form of registration, a process by which the caregiver herself certifies that her home meets minimum requirements; in the other two sites, homes are regulated via licensing. As registration requirements are generally less strict than licensing requirements and typically no local official visits the home, it is easy for a provider who cares for many children to become registered. On the other hand, providers in areas with licensing and some enforcement are more likely to have limited enrollments.

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*Under exclusive use agreements, a caregiver may only enroll those children who have been referred by the sponsoring agency.

**In addition, licensing regulations were suspended for several California systems operating under state funding. This allowed them to enroll more children than currently permitted by state licensing regulations.

Unregulated homes tended to be smaller than either their sponsored or regulated counterparts; the exception to this rule, however, was found in Philadelphia, where unregulated Black homes were among the largest in that site. One explanation of this result is that enforcement of family day care regulations is rather weak in Philadelphia; as a result, unregulated providers may feel that they can easily take in many children without suffering adverse consequences.

This pattern may be explained by other factors peculiar to Philadelphia. Our interviews with members of the day care community in Philadelphia suggested that in contrast to the other two sites, family day care there may be a relatively unused form of child care. It is possible that in this and other Northern industrial cities, one impact of dense and often stressful urban living is a reduction in the number of people willing to care for children in their homes. This would, in turn, increase the demands on those who do provide care to meet the needs of additional families; consequently, enrollments may expand in homes that are not subject to enrollment regulation.*

Although the above profile provides a grounding in the distribution of basic enrollment, as well as in the variation of this measure across the design factors, it does not convey the complexity of this issue when the caregiver's own children are considered or when more than one caregiver is present in the home.

Resident Children Related to the Caregiver

Children related to the caregiver fall into two groups: those who reside in the caregiver's home; and those who are nonresidents but come to the home for daily care. Most resident related children are the caregiver's own children, but they may be grandchildren, nieces and nephews. The construct of enrollment used above included nonresident related children, but excluded resident children, a group which should be examined before final decisions are made about the most appropriate definition of group size.

Caregivers interviewed in the NDCHS had relatively few resident children under age 14 (see Figure 4.2). Almost half of the 793 providers had no resident children under 14; 25 percent had one child, and 17 percent had

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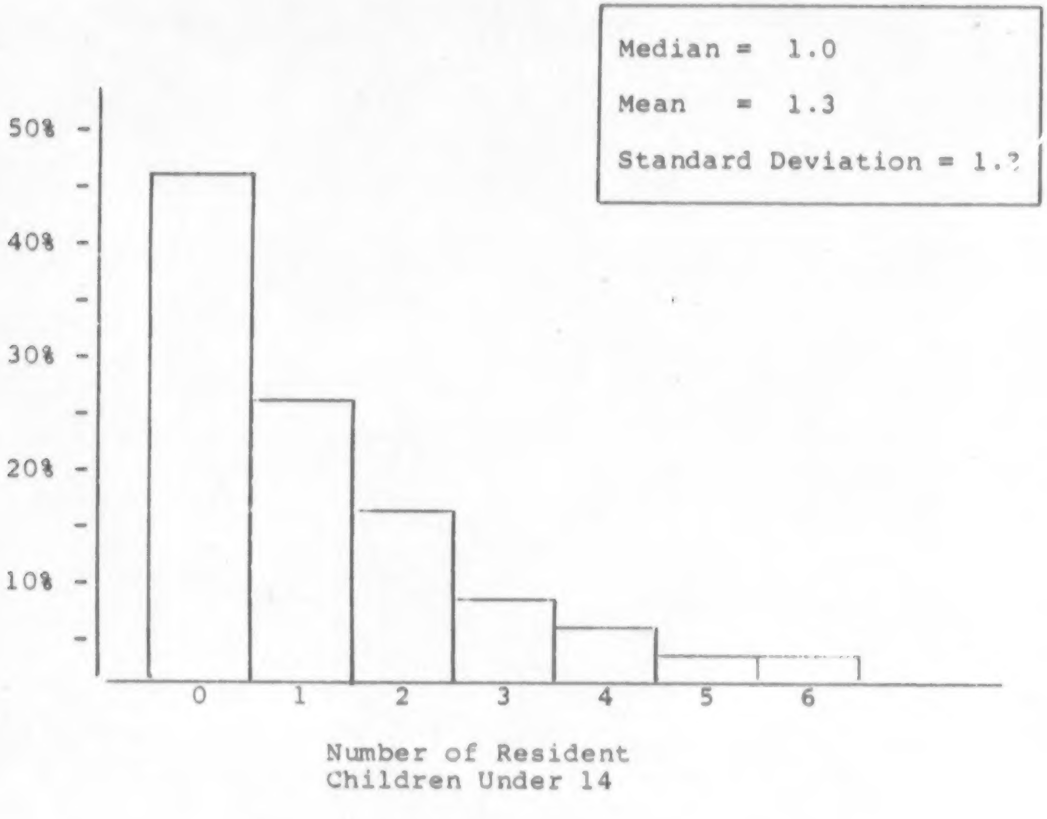
*There also are indications that Philadelphia's Black providers may have a greater professional commitment to family day care than do Whites. A comparison of Whites' and Blacks' household income (see Section 5.1) shows that Philadelphia's Black providers rely on the income earned from family day care much more than do Whites. It may be that the younger and wealthier White providers supply care for fewer children and on a more temporary basis than do Blacks.

Figure 4.2

Distribution of Resident Children Under 14

(793 homes)



2 children under 14. Overall, more caregivers had school-aged children (aged 7-14) than children under 7 (means of .71 and .58 respectively).

The distribution of resident children aged 7 to 14 was found to vary significantly across sites, caregiver ethnicity and regulatory status, but no significant interactions were noted. Philadelphia providers and Hispanic providers were most likely to have school-aged children. In addition, sponsored caregivers were less likely to have school-aged children at home than were their non-affiliated counterparts.

An interesting phenomenon emerges upon examining the distribution of the number of resident children under seven (see Table 4.3). Although the mean across sites for this variable is 0.6, unregulated White providers consistently have many more young resident children than do any other group under study (mean of 1.2 across sites).* As shown later in Section 5.1, these providers are, by a large margin, the youngest group of caregivers under study. In general, they appear to care for children when they have young children of their own. As there are more job opportunities for these women than for Blacks or Hispanics, it makes less economic sense for Whites to care for children when their own children are older. One White caregiver stated, "I was thinking of going back to work but the problem arose with my children. My youngest boy is only two and I hated the thought of someone else taking [care of] him. So I had a choice: either go out and work again or stay home and take care of children with my own. I decided to stay home."

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*Note, too, that Black providers as a group tend to have the fewest young children; as they also constitute the oldest caregiver group, this finding is not surprising.

Table 4.3

Mean Number of Resident Children Under Seven Per Home

	Sponsored	Regulated	Unregulated	
White	.5	.6	1.1	.8
Black	.4	.2	.5	.4
Hispanic	.3	.5	.6	.5
	.4	.5	.8	.6

An attempt to define group size by including these resident related children meets with a critical difficulty. Which of the caregiver's own children should be included in group size? Those under five? Those under seven? Those under seven only if they are present during the day? Those under 14? No commonly accepted delineator exists for determining who should be included in such a measure.

For completeness, then, and in an effort to determine who should most appropriately be counted, various measures of group size were constructed for this study. Obviously, overall group size increases as more of the caregiver's own children are included in the measure. None of the differences are very large, however, and if one restricts the measure to include only those of the caregiver's children under seven who are home during the day, the difference between enrollment as initially defined and enrollment plus resident related children is minimal (the mean number enrolled changes from 3.54 to 3.81).

As the contribution of the caregiver's own children is so small relative to total enrollment, it is not surprising that the correlations among these various measures of group size are exceptionally high (ranging from .88 to .97). These measures are therefore basically interchangeable for analytic purposes, although not necessarily for monitoring purposes. For simplicity, most subsequent analyses have used enrollment of nonresident children as the group size variable, with the number of resident children left as a separate measure.

Secondary Caregivers

An assumption inherent in the FIDCR enrollment requirements is that there is generally only one caregiver in a family day care home. Under this assumption, caregiver/child ratio is simply the inverse of group size. If multiple caregivers were commonplace, then it would be necessary to regulate both elements of group composition--number of caregivers and number of children--not just group size. NDCHS analyses suggest that the assumption behind the FIDCR is correct--only one caregiver is present in the typical family day care home.

Across all sites, only 7 percent of the caregivers reported that someone from outside their immediate family regularly helped them take care of the children for at least ten hours a week. As expected, significantly more children were enrolled in homes with helpers than in homes with only a single caregiver (means of 6.68 and 3.04 respectively). Although the proportion of helpers was higher in Los Angeles than in the other two sites (16% vs. 7% in Philadelphia and 4% in San Antonio), none of the sites had a large enough proportion of homes with multiple caregivers to warrant the construction and analysis of separate ratio variables.

Homes with secondary caregivers have therefore not been treated differently in most NDCHS analyses.*

Data Sources: Rosters, Schedules, or Observations

Three basic strategies for measuring enrollment are available to the researcher: reliance on rosters (lists of all children in care, whether for a few hours or full-time), reliance on hour-by-hour schedules, and reliance on direct observations of the family day care home. Each method has distinct advantages and disadvantages.

Observations are inherently valid indicators of group size. Except for the negligible influence of counting errors, they represent the home environment directly, and they automatically take account of absenteeism. Two disadvantages, however, led us to reject the use of observations in the interview component of the NDCHS. First, although observations give accurate information about group composition at a particular time point, this information may not be accurate for other times of the day, week, month or year. Considerable variability is expected in these measures, and thus a large number of observations would be needed to form a stable average observed enrollment. Repeated in-home observation of group composition by interview was deemed prohibitively costly from the outset, and this approach was therefore not taken.**

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*Observation data collected by SRI International bear out these results: very few secondary caregivers were observed in study homes.

**During the SRI home observations, however, counts of caregivers and children were made which were used in data analyses for caregiver and child behavior.

Unlike observations, schedules give information spanning a broad period of time and are easily gathered. They do not, however, automatically adjust for absenteeism, and thus can only yield general estimates of average enrollment in the home. Schedules for all children (including the caregiver's own), as well as for helpers (if present) were collected in all NDCHS study homes. Average weekly enrollment figures were then constructed, taking the mean enrollment during the 11 core hours from 7:00 a.m. to 6:00 p.m.

Finally, roster data, which like schedule data cover a broad period of time, were collected. Of all three methods, roster data are the easiest to gather because they are simply lists of all the children and caregivers who are present at any time during the family day care week. Like schedules, rosters do not account for absenteeism; they also do not account for the part-time nature of many family day care arrangements. Thus, homes with many part-time children (e.g., a home with several school-aged children) might have a high roster enrollment, but a substantially lower scheduled figure. From a regulatory point of view, using the total number of children enrolled (roster) to compute group size measures may unnecessarily restrict family day care homes, unless some liberalization of the total enrollment ceiling is introduced to take into account the fact that not all children on the home's roster are present at the same time.

Average scheduled enrollment is, as expected, slightly lower than roster enrollment (2.79 vs. 3.54). The maximum scheduled number of children in care at any one time during the week (mean = 3.42) approximates the roster enrollment figures even more closely. Moreover, the correlations among these three measures are exceptionally high (all above .90). This suggests that the more easily obtained roster measure can be used as a surrogate for the scheduled measure in analysis.

Choices in measurement for analytical purposes, however, do not always coincide with those that a regulator or monitor might make. The discrepancy of three-quarters of a child between roster and scheduled measures will not have much effect upon analysis; this difference from the monitor's perspective, however, may make the difference between compliance and noncompliance. Thus, it is particularly important that regulations be formulated with a specific definition of enrollment in mind. If the criterion is based upon observations or schedules, but rosters are used to monitor compliance, allowance must be made for part-time care and absenteeism.

4.1.2 Relationship Between the Number of Related Children and Enrollment

In the previous section we divided group size by the residency status of the children, considering first the number of nonresident children and then the number of resident children. In this section we will look more closely at the group of nonresident children by dividing them into those who are related to the caregiver and those who are not. Such a division on the basis of a relationship with the caregiver might provide another definition of enrollment, though it is difficult to imagine why such a distinction would be important to policymakers. Rather, this distinction can be used to investigate further the structure of enrollment within a home, and can provide some insight into a caregiver's motivation for operating a day care home.

The mean numbers of nonresident related children in homes of various types are displayed in Table 4.4. The overall mean (0.5) suggests that there is not a high density of nonresident related children in day care homes. However, the distribution of the means is not uniform across type of home or ethnicity of caregiver. Nonresident related children are significantly more likely to be enrolled in unregulated homes than in either sponsored or regulated homes, and Hispanic and Black providers are more likely than White providers to care for these children. In addition to the significant main effects, there is a significant interaction between ethnicity and type of home, showing that unregulated caregivers of Hispanic or Black ethnicity are especially likely to care for nonresident related children.

Table 4.4

Mean Number of Nonresident Related Children Per Home

	Sponsored	Regulated	Unregulated	
White	.2	.2	.4	.3
Black	.2	.3	.9	.5
Hispanic	.3	.3	1.2	.8
	.2	.3	.8	.5

This predominance of nonresident related children in unregulated homes with Hispanic or Black caregivers can be compared to the predominance of resident related children in unregulated homes with White caregivers, discussed in Section 4.1.1. First, children who are related to the caregiver (either resident or nonresident) appear more frequently in unregulated homes. This suggests that many unregulated caregivers manage day care homes because they wish to provide care for relatives. Regulated and sponsored caregivers, on the other hand, appear to have this motivation less often--they are more likely to be "in the business" of caregiving. Second, unregulated caregivers of different ethnicities are caring for different sets of related children. White caregivers have their own children in care; Hispanic and Black caregivers have young relatives in their charge.

The extent of the care of relatives is demonstrated further in Table 4.5 where the percentages of related nonresident children are displayed by site. Over half the children in Black and Hispanic unregulated homes in Los Angeles and San Antonio are related to their caregiver. In fact, the vast majority of these arrangements consist of grandmothers caring for their nonresident grandchildren. This provision of care seems to reflect both the informal and familial environment that is characteristic of much unregulated care and, more specifically, the important role still played by the extended family in these communities. In both Los Angeles and San Antonio, families in the Mexican-American community continue to provide themselves many supports not fully available in the larger community. Many of these caregivers who are grandmothers are unregulated because they do not perceive themselves as family day care providers; rather, they state, "I am only taking care of my grandchildren"--a perfectly reasonable practice that does not merit regulation.

One somewhat atypical result revealed in this Table 4.5 is the lack of relative care among Philadelphia's unregulated Black caregivers. No satisfactory explanation is available for why these providers are not caring for their relatives' children in the same proportions as Black unregulated caregivers in the other sites.

Table 4.5

Percentage of Nonresident Related Children

LOS ANGELES

	Sponsored	Regulated	Unregulated	
White	6.0	2.7	8.2	4.8
Black	7.3	10.9	40.0	14.3
Hispanic	9.6	11.1	57.0	25.8
	7.6	5.9	28.2	12.0

SAN ANTONIO

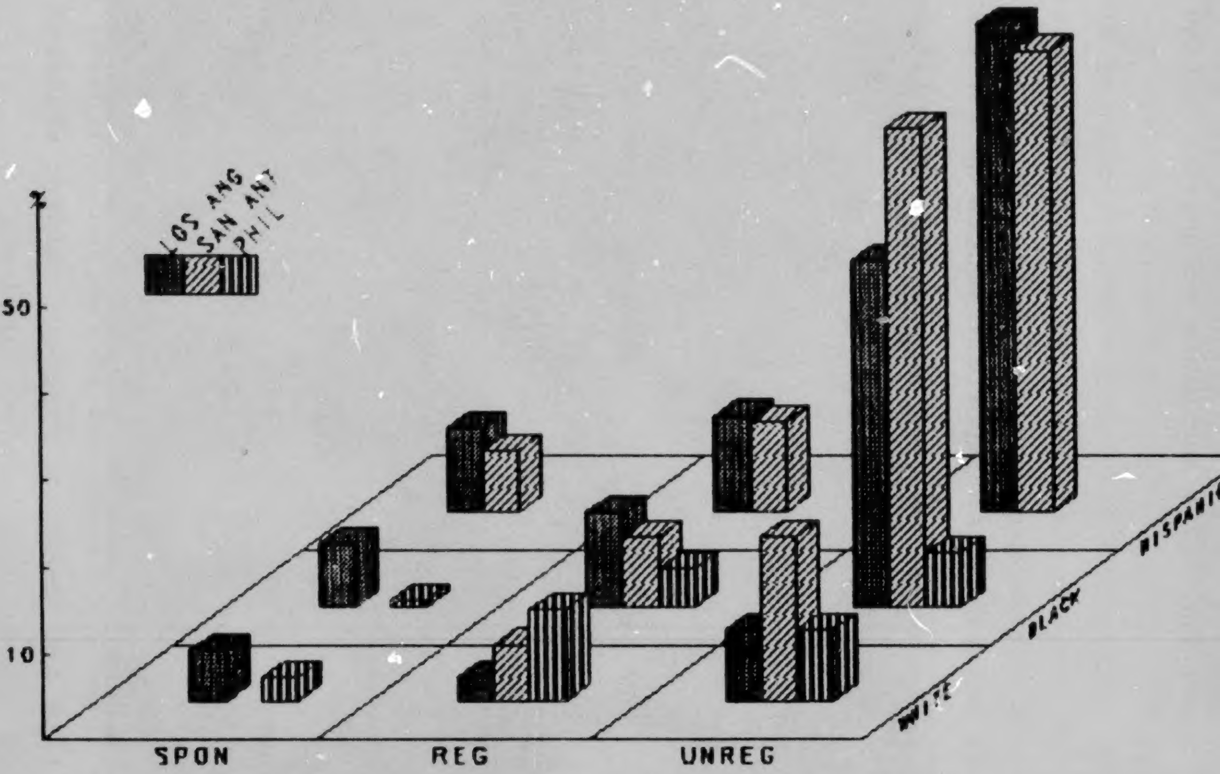
	Sponsored	Regulated	Unregulated	
White	---	6.6	19.0	11.1
Black	0.0	8.1	55.4	32.5
Hispanic	7.1	10.4	53.7	32.0
	4.1	7.8	41.2	22.5

PHILADELPHIA

	Sponsored	Regulated	Unregulated	
White	2.7	10.6	8.3	7.4
Black	0.8	4.3	6.2	3.9
Hispanic	---	---	---	
	1.4	6.4	7.0	5.2

Histogram of Table 4.5

Percentage of Nonresident Related Children



As would be expected from the relatively small numbers of nonresident related children in care, the mean numbers of nonresident nonrelated children look very much like those for all nonresident children (see Table 4.6). Once again, sponsored and regulated homes are larger than unregulated homes and White and Black caregivers manage a larger number of children than Hispanic providers. The importance of making the distinction between related and nonrelated nonresident children, then, is that the overall distribution of nonresident children masks the differential enrollment of relatives, an important source of information about the characteristics of a home and the caregiver's motivation for operating a home.

Table 4.6

Mean Number of Nonresident Nonrelated Children Per Home

	Sponsored	Regulated	Unregulated	
White	4.2	4.2	2.7	3.6
Black	4.4	3.6	2.3	3.3
Hispanic	3.4	3.0	.9	1.9
	4.1	3.8	2.0	3.1

The next question concerning enrollment is the following: If a providers has her own child or a relative in care, does she enroll fewer children than a provider without a relative in care? Stated another way, we would like to know how total enrollment (of nonresident children) is related to both the number of resident related children and the number of nonresident related children.

The answer to the question is that, across sites, there is a consistently negative relationship between the number of related children in care and the number of other children in care. First, there is a small negative correlation ($r = -.14$, $p < .001$) between the number of resident related children under seven and enrollment (all nonresident children). That is, caregivers with more young children of their own tend to take in fewer additional children. Moreover, this relationship is still significant even when controlling for the previously established effects of the design factors upon enrollment.

Second, there is a strong negative relationship between the number of resident children under seven and the number of nonrelated children in care ($r = -.37$, $p < .001$). That is, when the number of nonresident related children is removed from enrollment, the size of the correlation changes from -.14 to -.37. Finally, a similarly negative relationship exists between the number of nonresident related children and the number of nonresident nonrelated children in care ($r = -.37$, $p < .001$). However one examines these data, it is clear that the more relatives there are in care, the fewer nonrelated children will be in care.

To highlight the magnitude of the relationship of resident and nonresident children, Table 4.7 presents the distribution of enrollment by whether or not the caregiver has a resident child under seven.* Although the proportion of medium-sized homes is relatively constant across the two groups (approximately one-third of the homes fall into this category), caregivers with young children at home are 10 percent more likely than those with no young children to enroll only one to three children (64% vs. 54%). Thus, caregivers themselves appear to take into account the number of resident young children when determining enrollment levels.

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*For display purposes, enrollment has been divided into three categories: small homes (1-3 children), medium homes (4-6 children) and large homes (7 or more children).

Table 4.7

Distribution of Enrollment by Presence or Absence of Resident Children Under Seven

	Number of Caregiver's Own Children Under Seven				
Enrollment	None		One or More		
1-3 Children	264[a]		196		460
	(54%)[b]	(57%)[c]	(64%)	(43%)	(58%)
4-6 Children	156		95		251
	(32%)	(62%)	(31%)	(38%)	(32%)
7 or more Children	65		17		82
	(13%)	(79%)	(6%)	(21%)	(10%)
	485		308		793
	(61%)		(39%)		

[a] Number of homes

[b] Column percent

[c] Row Percent

In contrast, there does not appear to be a systematic relationship between enrollment and the number of resident children between 7 and 14 ($r = -.01$). Thus, although the caregiver may be adjusting her enrollment levels as a function of the number of young children she must care for, the number of older children does not appear to enter into consideration. Because children between 7 and 14 are not home for most of the day care day, this finding is not surprising.

Given an inverse relationship between enrollment and the number of resident children under seven, we must next consider the rate at which a caregiver allows for resident children in taking in additional children. Is there a one-to-one trade-off? Or is the rate slightly less, because a caregiver feels that it is easier to take care of her own children?

In an analysis of variance framework, the relationship between the number of resident children under seven and enrollment was estimated, controlling for the effects of site, ethnicity, and regulatory status, as well as their interactions. Holding all other factors constant, caregivers with one or two children of their own decreased their enrollment by approximately one-half child compared to caregivers with no children, and those with three or four of their own children decreased their enrollment by slightly more than one child, on average. Thus, there does not appear to be a one-to-one trade-off between children in care and resident children, but rather a scaled adjustment.*

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*In Chapter Five, the relationship between enrollment and other factors is explored in more detail.

4.2 Age Composition

In contrast to day care centers, which tend to group children homogeneously by age, family day care homes often combine children of various ages under one roof. In fact, this practice has often been cited as one of the advantages of family day care over center care, in that this type of setting more closely resembles a typical home. Due to its obvious implications for the burden on the caregiver, and a possible resultant effect on the quality of care delivered, the age composition of the home has become an area of considerable interest in the day care community.

Quantifying the concept of age composition, however, is a difficult task because of the complex nature of the construct. Ideally, such a measure would describe not only the average age of children in care and the variability about this average, but would also be an indicator of the degree of caregiver burden and the number of playmates available to any given child. Such a measure obviously does not exist; it is even difficult to develop a measure in any one of the component areas. During Phase II, several measures were developed to describe the ages of children in care. None of these variables, however, was entirely satisfactory. Interest in this area has nevertheless remained strong and in this section the homogeneity/heterogeneity of ages of children in care is described by examining the distribution of age groups in a home.

The ages of children have been divided into four categories as follows:

Infants	(0 - 1.5 years)
Toddlers	(1.5 - 3.0 years)
Preschoolers	(3.0 - 5.0 years)
Schoolers	(5.0+ years)

These categories represent commonly accepted developmental milestones in the life of a child. They are based upon the fact that children develop different abilities at various distinct, chronological stages. An infant, for example, must concentrate on developing certain gross motor skills such as grasping, crawling and walking, whereas a toddler, having developed these skills, must now refine them through increased fine motor coordination. Such an age classification, however, is only an attempt to place children of various capabilities into categories; there is no single, specific age at which every child acquires a given skill. These categories are therefore adopted basically for convenience to highlight distinctions between developmental levels and abilities of children and thus give a rough indication of the degree and type of care required.*

The composition of family day care homes based upon this categorization is examined from three perspectives. First, a descriptive analysis of the ages of children in family day care homes is provided (Section 4.2.1). A discussion of the degree and extent of age mixing follows (Section 4.2.2). The discussion concludes with a description of the relationship between the ages of children in care and enrollment (Section 4.2.3).

4.2.1 Ages of Children in Care

At the most global level, the age composition of family day care homes can be examined by looking at the population of children using the various forms of family day care across sites. Of the 2812 children enrolled in National Day Care Home Study homes, 644 (23%) were infants, 892 (32%) were toddlers, 632 (22%) were preschoolers and the remaining 644 (23%) were schoolers (see Table 4.8). This result corresponds directly to that obtained in the parent interview component of the NDCHS, where it was found that family day care was the preferred type of child care for toddlers, whereas in-home care was preferred for infants and center care and other group settings were preferred for preschoolers and schoolers. Thus, toddlers are the modal age group in family day care homes, just as preschoolers predominate in centers.

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*Analyses involving the behavioral observation data have used a different delineation point between infants and toddlers--one year instead of one-and-one-half years. This was done because the observation instrument was designed to be most appropriate for children from one to five years; age categories were therefore modified to consider children between one and one-and-one-half years as toddlers.

Table 4.8

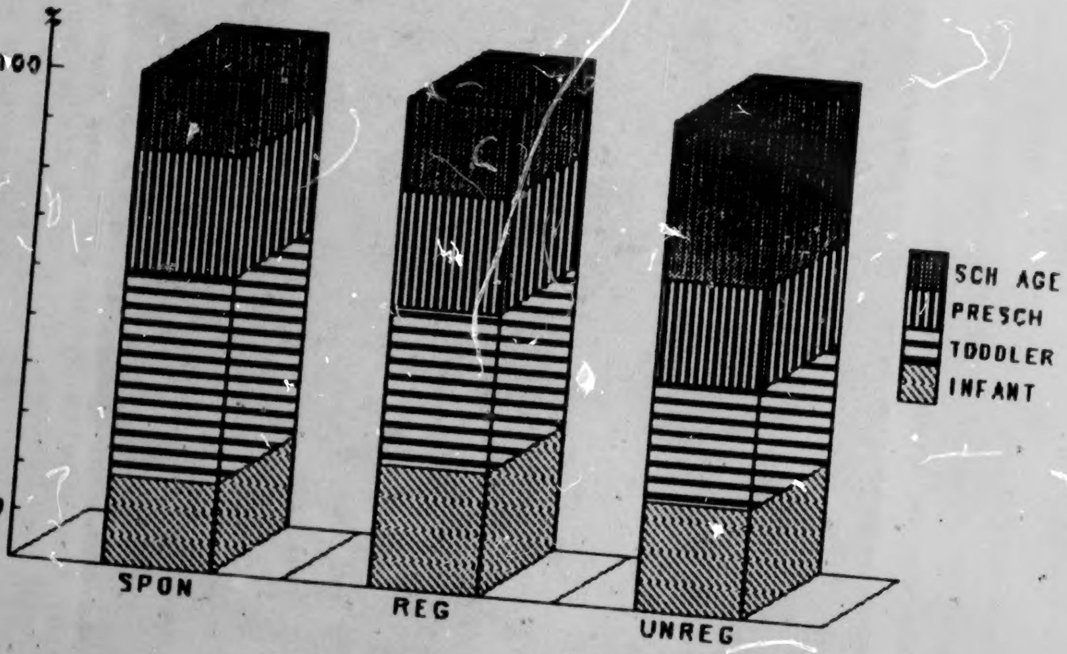
Percentage of Children in Care By Age Group and Regulatory Status

	Sponsored	Regulated	Unregulated	
Infants (0-18 mos.)	18.5%	25.4%	22.6%	22.9%
Toddlers (19-36 mos.)	42.0%	32.5%	24.4%	31.7%
Preschoolers (37-60)	23.7%	23.2%	20.8%	22.5%
Schoolers (61+ mos.)	15.7%	19.0%	32.2%	22.9%
	100%	100%	100%	100.0%

As Table 4.8 shows, the population of children served varies considerably by the regulatory status of the home. Toddlers are clearly the modal age group in sponsored homes, where, across sites, these children account for over 40 percent of the population. Balancing this increased

Histogram of Table 4.8

Percentage of Children in Care By Age Group and Pegulatory Status



proportion of toddlers is a decrease in the number of infants and schoolers served in sponsored care. Regulated homes resemble sponsored homes in that toddlers are also the modal age group; the peak, however, is substantially smaller because more infants and schoolers are found in these arrangements. In direct contrast, schoolers are the modal age group in unregulated care, and infants also constitute a sizeable fraction.

The substantial fraction of toddlers and the coincident smaller fractions of infants and schoolers in sponsored care can be explained by two factors relating to placement practices of the systems. First, although most agencies would like to enroll more infants, regulations, which limit group size more stringently if there are several infants, produce a strong disincentive against placing infants. In homes where infants are placed, the agency must limit the number of other children placed, thus decreasing the overall number of children that can be served. Second, school-aged children are infrequent in sponsored homes because of the part-time nature of the care provided. Because caregivers receive a salary based upon the number of children in care, it is not profitable from the agency's perspective to place schoolers in homes, because these children are generally in care for fewer hours. Moreover, placing schoolers once again limits the number of additional children that can be placed.*

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*The proportion of schoolers in sponsored care differed substantially across sites; although only 1 percent of the children in sponsored San Antonio homes and 9 percent of those in sponsored Philadelphia homes are schoolers, Los Angeles sponsored homes have a sizeable school-aged population. This site difference is primarily due to the fact that Los Angeles sponsored providers are not restricted by exclusive use agreements with their agency. Thus, although their agency may not place schoolers, these caregivers may choose to enroll schoolers (who are in care only a few hours a week and hence represent only a minimal additional burden) on their own to earn a few extra dollars.

These disincentives, however, are not as strong in regulated homes, even though they are restricted by the same set of enrollment ceilings, simply because these regulations are not as strictly enforced as they are in sponsored homes. As a result, there are sizeable fractions of infants and schoolers in regulated homes, although toddlers remain as the modal group.

Finally, unregulated homes are not influenced by this set of disincentives. Hence, the need for day care services for these infants and school-aged children, which is not being met in sponsored and regulated homes or in centers, is being provided in unregulated homes.

4.2.2 Age Mix in Family Day Care Homes

In the previous section, a profile of the ages of children in family day care was given. This focused upon the age distribution of children enrolled across all family day care homes, not on the age distribution of children in particular family day care homes. For example, the typical sponsored family day care home does not have 18.5 percent infants, 42 percent toddlers, 23.7 percent preschoolers and 15.7 percent schoolers. In fact, it is unusual for any given home to have four age groups of children in care. A more typical arrangement would include only preschoolers and toddlers. This is an important distinction. The former profile describes the children being served. The latter issue concerns the degree to which individual caregivers attempt to group the children enrolled homogeneously or heterogeneously by age.

For example, the population of children in family day care in a given community may be equally distributed among the four age groups with a slight tendency to a modal toddler age group. Providers, however, may select children from among this population, so that any given home focuses on a particular age group, rather than spanning the entire age range. Thus, the discussion now shifts from child-level data (descriptive of the population at large) to home- or caregiver-level data, which describes the configuration of children in individual homes.

Profile of Age Mix

Many alternative measures of age mix can be developed based upon the distribution of the ages of children in each individual home. Although several complex variables were investigated, none proved as satisfactory as the simple variables derived from the age group categories described earlier.[1]

The simplest statistics that can be examined describe whether or not children from the various age groups are cared for in the home. Overall, half of the caregivers interviewed care for infants or preschoolers (53.4% and 50.2% respectively). Toddlers, the most common group in care, are found in 62.8 percent of the homes. Since school-aged children represent the smallest child population, it is not surprising that only one-third of the caregivers serve these children (37.8%). Unfortunately, although these figures give a general idea of the number of homes serving children of various ages, they do not provide a feel for the degree of age-mixing in each home.

To do this, the configurations of infants (I), toddlers (T), preschoolers (P), and schoolers (S) must be examined. Two distinct (but correlated) measures can be created on the basis of these categories. The most global measure is simply the number of age groups in care, a variable with values from one to four. Alternatively, this measure can be expanded to include information about the ages of children in the home. Using this approach, the four age groups can be used to form 15 possible age configurations. Four configurations (I, T, P or S) denote homes that care for a single age group. For homes that care for children in two age groups, six configurations are possible (IT, IP, IS, TP, TS, PS). Homes with three age groups fall into one of four possible configurations (ITP, ITS, IPS, TPS). Finally, homes with children in each of the four age groups must, by definition, fall into the single category ITPS.

Almost one-third (31.0%) of the homes have a single age group in care (Table 4.9). Another one-third (39.2%) have two age groups in care; the infant/toddler and toddler/preschooler combinations are the most common. In fact, the infant/toddler combination is the single most frequently occurring configuration of children in the NDCHS sample of family day care homes. The remaining one-third of homes are those with three or four age groups; it is interesting to note, however, that less than 5 percent of our study homes had children of all four age groups.

Although these figures provide a global description of the age mixes found in family day care, their implications are limited. They do not take the differences in enrollment from home to home into account. The number of age groups in care is clearly related to the size of the family day care home. A home with ten children is much more likely to be composed of children in each of the four possible age groups than a home with five children. Thus, there is a necessary positive correlation between total enrollment and number of age groups (and therefore also the 15 specific configurations).

Table 4.9

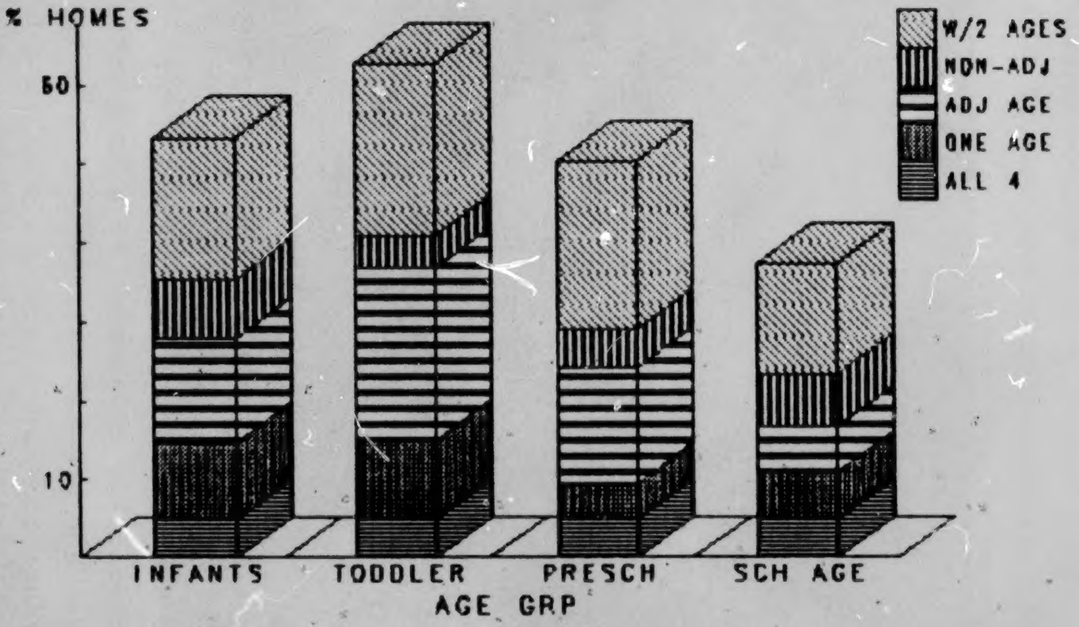
Distribution of Homes by Age Composition

(N=793)

	Configuration	Number of Homes	Percentage of Homes
ONE AGE GROUP	I	79	10.0%
	T	80	10.1%
	P	37	4.7%
	S	49	6.2%
	Total	245	31.0%
TWO AGE GROUPS	I-T	104	13.1%
	T-P	70	8.8%
	P-S	46	5.8%
	T-S	32	4.0%
	I-P	39	4.9%
	I-S	21	2.6%
	Total	312	39.2%
THREE AGE GROUPS	I-T-P	87	11.0%
	T-P-S	56	7.1%
	I-P-S	25	3.2%
	I-T-S	30	3.8%
	Total	198	25.1%
FOUR AGE GROUPS	I-T-P-S	38	4.8%

Histogram of Table 4.9

Distribution of Homes by Age Composition



To examine age group configurations stratified by total enrollment, however, is not analytically useful. Indeed, a table displaying total enrollment (21 possibilities in our sample) against configuration of age groups (15 possibilities) would consist of 315 cells, and across all sites there are only 793 homes to be divided among these cells--less than 3 per cell. It is, however, feasible to stratify total enrollment by number of age groups (only four possibilities). It is therefore possible to control for group size in the investigation of the homogeneity/heterogeneity of the ages of children in care via the number of age groups.

Homogeneity vs. Heterogeneity of Ages of Children in Care

It seems reasonable to expect that caregivers tend to limit the ages of children in care both to control their own burden and to increase the number of playmates available for children. As a result, for a given group size, one would expect to see fewer age groups overall--one or two instead of three or four. Moreover, it should be recalled that the divisions separating the age categories are somewhat arbitrary. For example, although three years is a well-known boundary between toddlers and preschoolers, a 35-month-old toddler will behave very much like a 37-month-old preschooler. Thus, while these categories are useful in differentiating developmental levels, it is also necessary to take into account the proximity of children at the extremes of neighboring categories. Therefore, in addition to seeing fewer age groups for a given group size, one might expect to see a tendency for the age groups in one home to be chronologically adjacent. In a home composed of children of adjacent age groups, children would be better able to play together and caregivers would be able to work with one group instead of having to structure separate activities for each age group.

Questions of age homogeneity, as described by number of age groups, therefore fall into two categories. First, do caregivers tend to have fewer age groups in care than one would expect if children of all ages were randomly placed in homes? That is, are there more one- and two-group homes and fewer three- and four-group homes? Second, is there a tendency for the age groups in care to be adjacent to each other? This question is most easily examined in two-age-group homes, where the question is whether there are significantly more homes with infant/toddler, toddler/preschooler and preschooler/schooler combinations than homes with infant/preschooler, infant/schooler and toddler/schooler combinations.

Number of Age Groups

As previously mentioned, the number of age groups in care is obviously related to total enrollment. It is therefore necessary to control for enrollment when investigating the degree of age-mixing in any given home. Similarly, the age distribution of children in care, and hence the number of age groups found, is strongly related to the number of children available for placement in each of the four categories. If, for example, in a particular environment, only infants and toddlers are placed in family day care (with a few preschoolers and schoolers scattered throughout) we would be much more likely to find homes with fewer age groups than if equal numbers of children are available in each age group. As a result, calculations of age mix must be based upon the number of children in each age group available to a caregiver. To estimate a pool of children we have used the proportion of children in study homes in each age group separately for each site.*

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*Calculations were not stratified by regulatory status because the sample size relative to the number of categories would have become prohibitively small.

With this background in mind, a series of probability calculations were conducted at the site level to determine if caregivers do choose to care for a small number of age groups.[2] Table 4.10 presents the results of these calculations. The entries in the observed columns are the number of homes in each site which are characterized by the specific combination of group size and number of age groups. The entries in the expected columns represent the number of homes in each site that would be expected to have that particular combination of group size and number of age groups, if children were randomly placed into homes regardless of age. Comparison of observed and expected values shows the difference between actual caregiver practice in placing of children and random assignment. This comparison is formalized through use of a chi-square test which determines if the discrepancy between these two values is statistically significant (see column labeled X^2).

As an illustration, let us examine the 69 homes in Los Angeles with two children enrolled. Twenty-five of these homes have children from only one age group; while in the remaining 44 homes, 2 age groups are present. If children in Los Angeles had been randomly placed into homes, we would have expected to see only 18 single-age-group and 51 two-age-group homes. Subtracting expected values from observed values, we find that there are seven more single-age-group homes than would be expected given random assignment; and since the total (69) is fixed, there are seven fewer two-age-group homes than expected by chance. In the final column, we see that this discrepancy is highly significant ($X^2 = 39.477$, $p < .005$).

Returning to the general overview shown in Table 4.9, we see that, by and large, for a given group size, significantly more providers have fewer age groups in

Table 4.10

Distribution of Number of Age Groups by Group Size by Site

	LOS ANGELES			SAN ANTONIO			PHILADELPHIA	
GROUP SIZE	observed	expected	X^2	observed	expected	X^2	observed	expected
TWO CHILDREN								
one age group	25	17.82	39.477	21	22.52	.137	12	8.94
two age groups	44	51.13	($p<.005$)	68	66.48	n.s.	21	25.01
Total	69	68.95		89	89.00		33	33.95
THREE CHILDREN								
one age group	10	3.78	11.889	3	2.41	.191	4	2.34
two age groups	31	31.30	($p<.005$)	21	20.91	n.s.	17	16.63
three age groups	14	19.75		13	13.69		8	10.03
Total	55	54.83		37	38.01		29	29.00
FOUR CHILDREN								
one age group	7	1.06	56.646	4	.60	22.679	3	1.12
two age groups	34	19.21	($p<.005$)	14	11.69	($p<.005$)	22	15.61
three age groups	14	30.78		16	19.60		15	22.79
four age groups	1	4.93		1	3.19		3	3.48
Total	56	44.98		35	35.08		43	43.00
FIVE CHILDREN								
one age group	1	.17	9.743	1	.09	12.43	2	.12
two age groups	11	6.37	($p<.05$)	5	4.00	($p<.05$)	4	2.81
three age groups	18	19.21		15	12.98		5	7.45
four age groups	3	7.24		1	5.06		2	2.63
Total	33	32.99		22	22.13		15	13.01
SIX CHILDREN								
one age group	0	.02	4.776	1	.02	42.61	1	.03
two age groups	4	1.58	n.s.	1	2.11	($p<.005$)	3	1.40
three age groups	8	8.03		16	11.69		6	5.94
four age groups	3	5.37		4	8.16		1	3.63
Total	15	15.00		22	21.98		11	11.00

care than random choice would predict. Note that these differences are strongest in medium-sized homes with four to six children and weaker in homes with only two or three children.* Because smaller homes are easier to handle in general, it is not surprising that caregivers with lower enrollments may be less sensitive to age composition issues. Medium-sized homes, on the other hand, present a caregiver with a considerably heavier burden and providers are likely to adjust the age composition of the children they care for accordingly.**

In general, these observations about age mix can be explained by one or both of the following hypotheses: (1) a supply-focused hypothesis that caregivers intentionally structure their groups so as to take care of children of similar ages rather than of widely disparate ages; and (2) a demand-focused hypothesis that parents or sponsoring agencies, as the case may be, tend to perceive caregivers as specialists for a particular age group based on the ages of the children already in the family day care home, and consequently typically approach the caregiver with children close in age to those already in care.

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*Probability calculations were not made for homes with more than six children because the sample size became prohibitively small. Cursory examination of the distribution in these homes suggests, however, that the trend towards fewer age groups is found in these larger homes too.

**Although the difference between observed and expected values in medium-sized San Antonio homes is significant, there does not appear to be a tendency towards fewer age groups, but rather more, in this site. San Antonio thus appears to be somewhat anomolous in these analyses, but does not destroy the general trends found.

Adjacency of Age Groups

Caregivers with one or two age groups seem to be structuring their home environment in such a way that they provide care for children of similar ages. A further indication of caregiver selectivity, as mentioned before, is whether two-age-group homes are composed of children in adjacent age groups.

As was done for the number of age groups in the previous section, a series of probability calculations were made to see if in two-age-group homes, more adjacent age group combinations were found than one would expect under random assignment of children to homes regardless of age (see Table 4.11). Because there were fewer cells, it was possible to stratify this analysis further to take into account not only site differences but also the different child populations, which varied considerably by the regulatory status of the home.

Although initial examination of Table 4.11 shows it to be extremely complex, a closer look shows how to interpret this display. The first column, labelled "Probability of Adjacent Age Groups," indicates the likelihood that any individual home will be composed of a pair of adjacent age groups, based upon the distribution of children in the particular site/regulatory status category. Thus, for example, among Los Angeles sponsored homes, the probability of adjacent age groups is .52 (1 out of every 2), whereas among San Antonio sponsored homes, the probability is much higher at .88 (8 out of every 9). The second column, labelled "Observed Number," indicates the number of homes that actually fell into the adjacent or non-adjacent category. The third column, labelled "Expected Number," indicates the number of homes predicted to fall into each

Table 4.11

Distribution of Adjacent Groups in Care in Two-Age-Group Homes

TYPE OF TWO-AGE-GROUP HOME	PROBABILITY OF ADJACENT AGE GROUPS	OBSERVED NUMBER	EXPECTED NUMBER	x^2
SPONSORED				
Adjacent	.52	24	14.52	13.47
Non-Adjacent		4	13.48	(p<.005)
Total		28	28.00	
REGULATED				
Adjacent	.56	49	34.42	13.88
Non-Adjacent		13	27.58	(p<.005)
Total		62	62.00	
UNREGULATED				
Adjacent	.40	23	14.34	6.42
Non-Adjacent		15	22.66	(p<.025)
Total		38	38.00	

SAN ANTONIO

TYPE OF TWO-AGE-GROUP HOME	PROBABILITY OF ADJACENT AGE GROUPS	OBSERVED NUMBER	EXPECTED NUMBER	x^2
SPONSORED				
Adjacent	.88	10	10.51	0.20
Non-Adjacent		2	1.49	n.s.
Total		12	12.00	
REGULATED				
Adjacent	.56	18	17.40	0.05
Non-Adjacent		13	13.60	n.s.
Total		31	31.00	
UNREGULATED				
Adjacent	.46	40	31.06	3.06
Non-Adjacent		28	36.94	(p<.05)
Total		68	68.00	

PHILADELPHIA

TYPE OF TWO-AGE-GROUP HOME	PROBABILITY OF ADJACENT AGE GROUPS	OBSERVED NUMBER	EXPECTED NUMBER	x^2
SPONSORED				
Adjacent	.79	26	20.47	7.02
Non-Adjacent		0	5.53	(p<.01)
Total		26	26.00	
REGULATED				
Adjacent	.60	22	17.38	3.06
Non-Adjacent		7	11.62	(p<.10)
Total		29	29.00	
UNREGULATED				
Adjacent	.41	8	7.34	0.10
Non-Adjacent		10	10.66	n.s.
Total		18	18.00	

category based upon the probability of adjacent age groups. Returning to the Los Angeles sponsored homes, we see that of the 28 homes with two age groups, 24 were composed of adjacent pairs while only 4 were composed of non-adjacent pairs. Based upon the probability of adjacent age groups among this population, however, we would have expected only 15 adjacent homes and 13 non-adjacent homes. Thus, there are many more adjacent homes than one would predict had children been randomly placed with caregivers. As was done in Table 4.10, this comparison is formalized through the use of a X^2 test, displayed in the final column; in this particular example, it is highly significant ($X^2 = 13.47$, $p < .005$).

With these ideas in mind, the results displayed in Table 4.11 can be interpreted. Sponsored homes are the most likely to have adjacent age groups under random assignment, primarily because of the large number of toddlers and small number of schoolers in the child population found in these arrangements. Above and beyond this tendency towards adjacency, however, significantly more adjacent age groups than expected are found in sponsored homes. Regulated homes, which are less likely in general to have adjacent groups, also show a tendency towards homogeneous groupings, although the trend is not nearly as strong. Finally, unregulated homes, which serve the broadest population of children, would be expected to have more non-adjacent age groups than adjacent ones; the trend actually observed, however, is for children in these homes to be in adjacent age groups. The two hypotheses offered earlier as possible explanatioans for the small number of age group represented in individual family day care homes apply here as well. The adjacency of age groups simply provides another way of expressing the unexpectedly high degree of age homogeneity of children in a particular home.*

4.2.3 Relationship Between Enrollment and the Ages of Children in Care

In the previous section we saw that caregivers are somewhat sensitive to the burden that heterogeneous age groupings may place upon them. A second area of interest is whether caregivers are likewise sensitive to the varying degrees of burden associated with children of different ages.

Infants have traditionally been assumed to require more immediate attention than older children; licensing regulations typically allow fewer total children in homes with infants than they allow in homes restricted to older children. Moreover, the presence of infants may restrict the caregivers' mobility and thus set boundaries for both her and the children. If infants are enrolled, for example, the provider may find it necessary to limit outdoor play for toddlers and outings for preschoolers in care. School-aged children also present unique demands on the caregiver. It can be a substantial drain on the caregiver's energy to integrate these school-aged children into the group of the younger children, after perhaps an eight-hour work day.

On the surface, then, one would expect the majority of children in care to be toddlers and preschoolers and that infants and schoolers would be found proportionately less often in family day care. Recalling the age distribution of children in care presented in Table 4.8, this result is indeed borne out, especially in sponsored and regulated homes. A more complex question, however, is whether or not as enrollment increases, there is a corresponding decrease in infants and/or schoolers because of the increased burden they are thought to create. That is, are caregivers in larger homes so burdened by the sheer number of children that they try to care for a smaller fraction of younger children?

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*Once again, the results for San Antonio are not as clearly defined as those for the other two sites.

Figure 4.3 presents the relationship between enrollment and the proportion of children in each age group. Only homes which had at least one child in the particular age group were included in the estimation of the regression line.*

Generally, as group size increases, the proportion of children from any specific age group decreases. (As group size increases, the number of age groups in care increases, producing a corresponding decrease in the proportions for any individual age group.) More interesting to note, however, is that the absolute magnitude of the slope is greatest for infants. Larger homes are therefore likely to be composed of proportionally fewer infants than children of other ages. Thus it appears that caregivers agree with the regulators who limit enrollment levels more stringently when infants are in care.

The extreme decrease in the proportion of infants seems reasonable given arguments previously cited. On the other hand, the lack of a similar extreme decrease for schoolers seems puzzling at first. In fact, schoolers constitute the largest child population in large homes.

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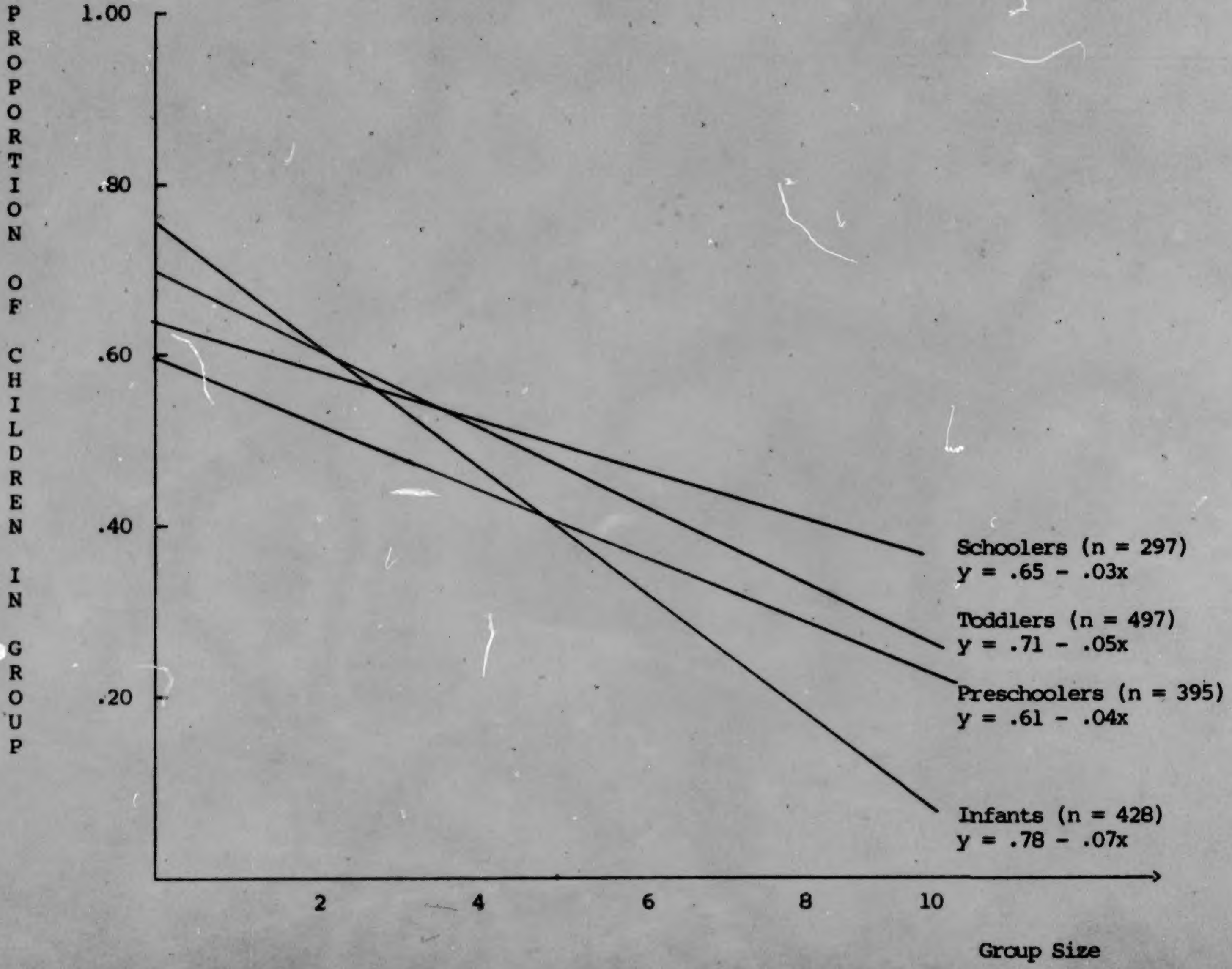
*This procedure eliminates distributional problems which distort the underlying relationship.

Figure 4.3

Relationship Between Proportion of Children in Each Age Group and Group Size
(Across Sites)



This phenomenon can be explained, however, by recalling the large number of schoolers found in the sponsored Los Angeles homes. Sponsored providers in this site appeared to take in a substantial number of part-time schoolers on their own, thus not only increasing their enrollment but their proportion of schoolers as well. This, in turn, produces a situation in which many of the larger homes under study had several schoolers in care.

Caregivers explained this behavior by commenting that schoolers are the easiest age group to care for: "They're more independent. They do more things for themselves and don't need too much supervision." "They aren't there in the morning. It gives you a break." Thus, the relationship between the proportion of schoolers and enrollment is not as extreme as one might expect.

In sum, family day care homes appear to be structured in a manner which both limits caregiver burden and makes the family day care group more homogeneous in age for children. This net result is accomplished through many mechanisms. First, the number of children cared for on average is not large--the vast majority of homes under study have six or fewer children. Second, in homes in which the caregiver has several of her own young children, there is a corresponding decrease in the number of additional children enrolled. The age composition of the home also seems to be selected in a way that decreases burden and increases homogeneity. By and large, fewer distinct age groups are found than would be expected if caregivers selected children without regard to their age. Furthermore, multiple-age groups tend to be composed of children of similar ages from adjacent groups. Finally, in very large homes, the proportion of infants in care is extremely small, apparently due to the increased care and attention these children require.

4.3 Profile of Children in Care

Selection of the NDCHS sites and homes focused upon achieving wide diversity in both the types of family day care arrangements and the types of caregivers providing care. Indeed, a total of 793 caregivers were interviewed in three demographically diverse sites, including sponsored, regulated and unregulated providers of White, Black and Hispanic origin. Diversity among providers, however, does not necessarily imply that the children and families served are equally diverse. In this section, we examine the characteristics of the children in care.

The ages of children in care has been described in Section 4.2.1. This section opens with a profile of the ethnicity of children in care and the correspondence between caregiver and child ethnicity. The frequency of singleparent families is then discussed. Referral sources and their variation across the regulatory status of the home are discussed in Section 4.3.3. We conclude with a description of time in care--both the number of hours per week a child is in care and the duration of the family day care arrangement.

4.3.1 Ethnicity of Children in Care

An often cited advantage of family day care is that caregivers and children tend to share the same social and cultural milieu and thus caregivers can reinforce the parents' values and concepts of discipline, and the child's cultural identity can be strengthened. The simplest measure of the congruence between caregiver and child background is the degree to which their ethnicities match.

The vast majority (82%) of children in NDCHS homes are of the same ethnicity as their caregivers (see Table 4.12).* Not surprisingly, this varies both by regulatory status and caregiver ethnicity. In general, the strongest correspondence between caregiver and child ethnicity is found in unregulated homes. Ninety-six percent of the children in Black homes, 86 percent of the children in Hispanic homes and 81 percent of those in White homes are cared for by caregivers of the same ethnicity. As we shall see in Section 4.3.3, unregulated care is generally provided by a neighbor or relative; this correspondence is therefore to be expected.

Table 4.12

Percentage of Children of Same Ethnicity as Caregiver

	Sponsored	Regulated	Unregulated	
White	77.0	76.3	81.3	78.1
Black	89.7	95.0	96.0	93.7
Hispanic	69.1	49.2	86.8	70.4
	81.5	77.8	87.6	82.0

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*The match between child and caregiver ethnicity also varied by site. Correspondence is most pronounced in Philadelphia, where almost all (93.8%) children and caregivers have matched ethnic backgrounds, and slightly weaker in Los Angeles (80.8%) and San Antonio (73.9%). The trends reported within the text are consistent across sites.

For children in regulated care, the relationship between child and caregiver ethnicity varies more widely with ethnic group. Once again, the match is greatest in homes with Black providers, and somewhat weaker, although still high, in homes with White providers. Among regulated Hispanic providers, however, only half of the children in care are also of Hispanic origin. This trend, observed in both Los Angeles and San Antonio (our two Hispanic sites), may be due to several factors. In Los Angeles, there are relatively few regulated Hispanic providers. In addition, many Hispanic children in both sites may be children of illegal aliens, and their parents would be unlikely to place these children in homes that are under the supervision of regulatory authorities. They are more likely to place their children in unregulated care, predominantly with caregivers who are friends, neighbors or relatives. Moreover, as shown in Section 5.1, regulated Hispanic providers in both sites are of higher socioeconomic status than their non-Hispanic counterparts. As a result, they may live in more integrated neighborhoods and serve a more ethnically diverse group.

Over three-quarters of the children in sponsored care are of the same ethnicity as their caregivers. As the majority of children in these arrangements are referred by the sponsoring agency, patterns found here are largely a function of the practices of the system, rather than the practices of individual caregivers. Thus, it is not surprising that the degree of correspondence between caregiver and child ethnicity is different in sponsored homes and non-affiliated homes.

4.3.2 Family Status

Studies of the different forms of out-of-home care have consistently shown that a substantial portion of this care is used by single-parent families. This holds true for the NDCHS sample as well; one-third of all children in care come from families with only one parent (see Table 4.13). In general, the highest percentage of children from single-parent families is found in sponsored care, where almost one out of every two children has only one parent at home. In unregulated homes, the proportion drops to one out of every three. Finally, regulated homes have the largest proportion of intact families; only one out of every four children comes from a single-parent household.

Table 4.13

Percentage of Children from Single-Parent Families

	Sponsored	Regulated	Unregulated	
White	40.4	23.2	30.4	28.0
Black	54.3	29.7	37.5	39.8
Hispanic	27.2	19.6	27.6	24.9
	44.3	24.6	32.1	31.5

Subsidy of child care by public agencies is most common within sponsoring systems. Eligibility requirements for these subsidies generally include a maximum income level and/or single-parent status. As a result, it is not surprising to find a large proportion of children from single-parent households in sponsored homes.

Unregulated homes constitute the next largest pool of children with only one parent. As shown in Chapter Nine, fees tend to be the lowest in these arrangements. As single parents are often in financial need, it is to be expected that those who cannot receive subsidy through a child care system choose homes in which the fees are most affordable.

Finally, the vast majority of children in regulated care come from intact families. As the fees tend to be higher in these arrangements, and they are not subsidized by a social welfare system, it seems reasonable that the majority of parents who could afford this arrangement come from households in which there are two wage-earners.

4.3.3 Recruitment Sources

Although a large number of children are currently enrolled in various types of family day care throughout the country, many homes tend to maintain a low profile; thus, it is not readily apparent how children in care originally found their present provider. In this section we examine the recruitment sources caregivers use by describing how the children served in NDCHS homes were placed in their current arrangement.

Recruitment sources play a crucial role in the business of family day care. Many children are only placed in a particular home for a short period of time; as a result, fluctuations in enrollment are continuous. Although this instability may have an effect on the type of care delivered, it has even greater ramifications for caregiver income. Without a steady flow of children into care to replace those terminating their arrangements, income from caregiving is highly variable. Thus, caregivers must constantly concern themselves with maintaining a fairly stable enrollment level, by keeping open as many channels for referral as possible.

The particular sources of children also are key determinants of the character of the family day care environment. Care by grandmothers or other relatives, which is generally unheard of in such child care arrangements as day care centers or nursery schools, is commonplace in family day care. Indeed, having a member of the family in a home may cause the home to take on a different cast. Friends and neighbors also constitute a referral source which may give the home a somewhat different flavor from a home in which all the children were originally strangers to the caregiver. Thus, an examination of referral sources is crucial for a complete understanding of the family day care environment.

Children in sponsored homes are generally referred by the sponsoring agency (see Table 4.14). In fact, one frequently cited advantage to joining a system of family day care homes is that the burden of finding children to care for is shifted from the provider to the agency. Many caregivers stated in their interviews that they joined a system because "I knew they would always have a child for me to take care of." Affiliated caregivers thus do not need to worry about having a sufficient number of children to serve and can concentrate on the delivery of care.

Not all family day care systems, however, make themselves the only source of referral. Although almost 90 percent of the children in San Antonio and Philadelphia sponsored homes were referred by the agency with which the caregiver was affiliated, less than half the children in Los

Table 4.14

Percentage and Number of Children from Various Recruitment Sources by Regulatory Status

Source of Recruitment	Sponsored	Regulated	Unregulated
Sponsor	63.7% (388)	--	--
Referral Agency[a]	10.7% (65)	26.0% (311)	3.2% (31)
Friend or Neighbor	13.3% (81)	27.3% (327)	37.1% (358)
Relative	3.8% (23)	6.2% (74)	27.8% (269)
Word of Mouth	2.5% (15)	12.4% (148)	16.0% (155)
Advertisement	3.4% (21)	15.2% (182)	7.9% (76)
Other	2.6% (16)	13.0% (156)	8.0% (77)
Total	(609)	(1198)	(966)

[a] Referral agencies include the Department of Welfare, Licensing, Resource and Referral agencies, etc.

Angeles sponsored homes were similarly referred (Table 4.15). Friends, neighbors and referral agencies constitute equally important recruitment sources for these sponsored providers. The difference in patterns between sites is due to the preponderance of exclusive use agreements between providers and sponsors in San Antonio and Philadelphia. As most sponsored caregivers in these cities receive all their children from the agency, they do not use alternative recruitment mechanisms. In Los Angeles, on the other hand, very few of the sponsored caregivers had such agreements with their agencies; they therefore had to make use of additional strategies for finding children so that they could have a sufficient number enrolled.

Whereas the sponsoring agencies represent the primary source of children for affiliated providers, referral agencies constitute a major source of children for regulated providers. These agencies include the Department of Welfare, resource and referral agencies, and the registration/licensing agency itself.* Indeed, as shown in Chapter Six, caregivers often cite this increased access to children as their primary reason for registering or becoming licensed. Although the importance of this source differs across sites with the success of the outreach programs in each city, generally over one-quarter of all children in registered homes found their current caregivers through such a mechanism. Thus, registration/licensing does appear to increase a caregiver's access to children.

Two other recruitment sources are typically used by regulated providers. Friends, neighbors and word of mouth

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*In most cities, only registered providers could be recommended by these authorities; in Los Angeles, however, these referral agencies constitute an important source of children for all types of caregivers.

Table 4.15

Percentage and Number of Children from Various Recruitment Sources By Site and Status

Source of Recruitment	LOS ANGELES			SAN ANTONIO			PHILADELPHIA		
	Sponsored	Regulated	Unregulated	Sponsored	Regulated	Unregulated	Sponsored	Regulated	Unregulated
Sponsor	42.9% (142)	---	---	86.5% (64)	---	---	89.2% (182)	---	---
Referral Agency[a]	17.8% (59)	36.4% (176)	10.0% (28)	0.0% (0)	16.1% (75)	0.2% (1)	3.0% (6)	24.1% (60)	0.7% (2)
Friend or Neighbor	22.1% (73)	29.0% (140)	41.4% (116)	0.0% (0)	25.8% (120)	36.4% (159)	3.9% (8)	26.9% (67)	30.7% (83)
Relative	5.1% (17)	6.4% (31)	27.9% (78)	4.1% (3)	8.4% (39)	38.7% (169)	1.5% (3)	1.6% (4)	8.1% (22)
Word of Mouth	3.0% (10)	6.4% (31)	5.0% (14)	4.1% (3)	16.5% (77)	9.6% (42)	1.0% (2)	16.1% (40)	36.7% (99)
Advertisement	5.1% (17)	11.2% (54)	6.8% (19)	4.1% (3)	14.8% (69)	6.4% (28)	0.5% (1)	23.7% (59)	10.7% (29)
Other	3.9% (13)	10.6% (51)	8.9% (25)	1.4% (1)	18.5% (86)	8.7% (38)	1.0% (2)	7.3% (19)	12.9% (14)
Total	(331)	(483)	(280)	(204)	(249)	(249)	(74)	(466)	(437)

[a] Referral agencies include the Department of Welfare, Licensing, Resource and Referral agencies, etc.

constitute a sizeable referral source, which accounts for anywhere between 30 and 50 percent of the children in these homes. These informal community networks play an increased role for regulated but non-affiliated caregivers in finding children to serve. In addition, advertisements on local bulletin boards, in supermarkets and laundromats and also in newspapers (which are only permitted if the caregiver is registered or licensed) are the source of 10 to 20 percent of children in these homes. Thus, registered/licensed providers use a wide array of referral sources to enroll children in their homes.

Unregulated caregivers, on the other hand, rely predominantly on informal networks of friends, neighbors and word of mouth. Half the children in unregulated homes come directly from the immediate vicinity of the provider. An additional source rarely used in sponsored and regulated homes, is relatives. Over one-quarter of the children in unregulated homes were nieces, nephews, grandchildren or other relatives of the caregiver.

In sum, the recruitment sources used by family day care providers vary substantially across the status of the home, which often determines the sources that can be used. Sponsored caregivers rely primarily upon their agency to fill their homes with children. Registered providers, on the other hand, who do not have this steady referral source at their fingertips, must rely on a wide range of mechanisms including the more formal referral agencies and advertisements and less formal word of mouth networks. Finally, unregulated providers who have few, if any, formal mechanisms at their disposal are found through friends, neighbors, relatives and word of mouth in their local communities.

4.3.4 Length of Time in Care

Two related concepts are involved in the study of the length of time that a child has been in care: the number of hours in care per week (that is, part-time vs. full-time) and the number of months or years in care (that is, the total duration of the family day care arrangement). Both these topics are related to stability of care. The first, which addresses stability on a day-to-day basis, concerns the amount of contact a caregiver may have with an individual child on a regular basis. The second topic is concerned with a more widespread issue--the stability of the family day care arrangement over time. This is an area of considerable interest in the day care community as it has often been argued that a flaw in family day care is that homes are unstable and short-lived and thus cannot be relied upon to be a consistent source of care.

During the caregiver interviews, complete data were collected on the number of hours of child care provided per week. In addition, information was gathered on how long each enrolled child had been in care to date. In this manner, a cross-sectional picture of the length of time in care could be formed. These data are described in the following sections.*

Part-Time Vs. Full-Time Arrangements

The majority of family day care arrangements are made on a full-time basis (see Table 4.16). Overall, almost

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*A cross-sectional representation, however, can not tell us the complete story on the duration of family day care arrangements; for such a description, a longitudinal approach is necessary. Because interest in this area was so widespread, a major topic of the follow-up Telephone Survey conducted in Los Angeles was the flow of children in and out of care. See Chapter Ten for this analysis.

70 percent of all children are in care for 30 or more hours per week. These full-time arrangements generally consist of a five-day week with an average of nine to ten hours of care per day.

Table 4.16

Percentage of Children in Full-Time Care by Age Group and Regulatory Status

	Sponsored	Regulated	Unregulated	
Infants (0-18 mos.)	80.7% (92)	85.3% (261)	74.1% (166)	80.6% (519)
Toddlers (19-36 mos.)	88.8% (230)	82.4% (323)	76.8% (185)	82.7% (738)
Preschoolers (37-60 mos.)	97.3% (142)	79.3% (222)	63.6% (131)	78.3% (495)
Schoolers (61+ mos.)	40.2% (39)	20.1% (46)	20.4% (65)	23.3% (150)
	81.7% (503)	70.6% (852)	55.3% (547)	67.6% (1902)

The ratio of full-time to part-time arrangements varies considerably across both regulatory status and the age of the individual child. The vast majority of school-aged children (over 75%) are in family day care on a part-time basis for an average of three to four hours a day, five days a week. This is reasonable given that children over five tend to be in school for the majority of the day and thus do not arrive at the caregiver's house until after school. Notably, no consistent difference was found in the length of time in care per week for infants, toddlers and preschoolers. Thus, the distinction between full-time and part-time care appears to be largely a function of whether or not the child has another form of care during the bulk of the day, not the age of the child and the corresponding level of difficulty of care.

The amount of full-time care also varies by the status of the home. Children in sponsored care are far more likely to be in care full-time than their counterparts in either regulated or unregulated arrangements. As described earlier, this is primarily due to the practices of the sponsoring agencies, which find it far more cost-effective to serve children on a consistent, full-time basis than on a part-time basis.* Unregulated caregivers, on the other hand, have almost as many part-time children as full-time children; schoolers, who are generally in care part-time, are far more common in unregulated care than elsewhere. For other age groups, however, there are only about 10 to 20 percent fewer children in care full-time in unregulated homes than in sponsored homes.

Duration of the Family Day Care Arrangement**

Previous research on the length of time children remain with an individual caregiver has shown that family day care arrangments are unstable. Data collected in the NDCHS, however, show that the average time in care is relatively long and that the length of time a child has stayed with a particular caregiver is a function both of the age of the child and of whether or not the child is a relative of the caregiver. The younger the child, the less time the child can possibly have spent in care.

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*This is why, for example, so few schoolers are found in sponsored care. (See Section 4.2.1.)

**This topic is addressed further in Chapter Ten on the results of the Los Angeles Follow-up Telephone Survey.

Table 4.17 presents the length of time in care for children in NDCHS homes by age of child and relative/nonrelative status. For children of all ages, caregiving arrangements are stable when the caregiver is a relative. Across sites, the average length of time in relative care was greater for children of every age (anywhere from one month to two years depending on the age category). For example, the typical two- to three-year-old had been in care eleven months if not related to the caregiver and sixteen months if related.

Table 4.17

Mean Length of Time in Care (In Years)

Child Age In Years	Related	Not Related
0-1	.37 (29)	.28 (250)
1-2	.92 (57)	.60 (459)
2-3	1.32 (38)	.90 (497)
3-4	1.36 (43)	1.16 (338)
4-5	1.97 (44)	1.35 (235)
5+	3.94 (109)	1.60 (605)

The distinction between relative and nonrelative care is especially striking for school-aged children. For nonrelative care, these children averaged slightly over one-and-one-half years in care; for relative care, on the other hand, the average was almost four years. Many school-aged children presently in relative care thus appear to have been in that care since they were small children, whereas for most nonrelated children over five, the arrangement appears to have begun after the child entered school.

4.4 Summary

There are several features of the children in care and their circumstances of interest to us that were presented in this chapter. Considerations such as the size of enrollments in family day care homes; the degree to which enrollment represents the care of nonresident relatives; the extent to which family day care providers are self-regulating with respect to group size; and the ages, ethnicity, family structure and the length of time in care of the children are all of interest because they help to establish at least preliminary answers to such questions as the following.

- Are caregivers maintaining the size of their enrollments within manageable limits?

- Is care being provided to chldren who are generally not found in day care centers? Is family day care therefore filling a service gap?

- To what extent is family day care a "professional" arrangement as opposed to the care of nonresident relatives in return for some financial consideration?

- How stable are family day care arrangements?

Considerable detail about these matters has been developed in this chapter. In this summary we will provide an outline of our major observations about the children in care. The explanations for these observations, however, will not be repeated.

The number of nonresident children per home varied considerably across the 793 study homes. While the range extended from one to 22 children, however, the median number per home was three, and most homes (90%) had six or fewer children enrolled, thereby dispelling the frequently held misconception that most family day care homes have inordinately large enrollments. As the study of enrollment was intended to provide a measure of caregiver burden, it could not be understood fully without also being aware of the number of her own children the caregiver was responsible for. Generally, caregivers interviewed for the NDCHS had relatively few resident children under age 14. Obviously overall group size was found to increase as more of the caregivers' own children are included in a measure of enrollment. None of the increases are very large, however, due to the inverse relationship between number of resident children and the number of nonresident children in care. Specifically, if one restricts the count to include only those of the caregiver's children under seven who are home during the day, the number of children the caregiver is responsible for changes from an average of 3.54 to 3.81. There is, indeed, some self-regulation by caregivers with respect to the number of children in care. We found further that holding all other factors constant, caregivers with one or two children of their own had an enrollment of approximately one-half child less than those with no children, and those with three or four of their own children had enrollments that were approximately one child lower.

The overall mean for nonresident related children of 0.5 suggests that there is not a high density of such children in family day care homes. However, not unexpectedly, the density of relative care is significantly greater in unregulated family day care homes. Many unregulated caregivers manage day care homes because they wish to provide care for relatives. Regulated and sponsored caregivers, on the other hand, appear to have this motivation less often--they are more likely to be "in the business" of caregiving.

Toddlers are the modal age group in family day care homes, although children of all ages can be found in family day care. The age of children in care varies as a function of the regulatory status of the home, for reasons which can be attributed directly to the disincentives to enrolling infants and schoolers provided by day care regulations. As a result, sponsored and regulated homes predominantly serve toddlers; in unregulated homes, on the other hand, schoolers are the modal age group, and infants also constitute a sizeable fraction. Contrary to some of the stereotypic views about family day care homes, however, we did not find a great deal of age mixing within individual homes.

As might be expected, the children in sponsored homes are generally referred to those homes by the sponsoring agency. The other major sources of referral for all types of family day care homes include referral agencies, friends and neighbors and word of mouth. In the case of unregulated care, relatives are also a major source of referral. In the vast majority (82%) of cases the children in NDCHS homes, regardless of the source of referral, are of the same ethnicity as the caregiver. This is true regardless of the regulatory status of the home although the trend is stronger in unregulated care, which is much more reliant on relatives as sources of referral. Finally, one-third of all the children in care come from single-parent families. The highest percentage of children from such homes are found in sponsored care, whereas almost 50 percent of the children are from single-parent families.

The majority of family day care arrangements are made on a full-time basis. Overall, almost 70 percent of all children are in care for 30 or more hours per week. These full-time arrangements generally consist of a 5-day week with an average of 9 to 10 hours of care per day. Part-time arrangements tend to be for school-aged children.

Chapter 5: CHARACTERISTICS OF FAMILY DAY CARE PROVIDERS

> They were all women who had a lot of love in their homes and they were trying to give these children that they were taking care of the same values that they were teaching their own children.
>
> --NDCHS Interviewer

The central figure in family day care is the provider. Her background, her motivation for providing care, her child-rearing attitudes and practices and other personal qualities ultimately shape the day care environment and the experience that children have in her home. We therefore now shift our attention towards developing a unified portrait of the caregiver.

Our discussion begins with descriptive information on caregiver background characteristics (Section 5.1). In this section, we present data on caregiver age, education, marital status and income. The provision of relative care is discussed in Section 5.2. Commonly used measures of caregiver qualifications--experience, education and training--are the focus of Section 5.3. In the following section, we unify the information presented in these two discussions by presenting the relationships both among the many provider characteristics themselves and between these and the measures of enrollment developed in Chapter Four.

Caregiver attitudes and opinions on a variety of topics, ranging from the ways adults should interact with children to their role in the community, are discussed in the remaining two sections. Job perception, preferences for enrollment, attitudes toward children and child-rearing practices are the focus of Section 5.5. Section 5.6 presents caregivers' views of and status in the community at large, including such topics as the role of the family day care provider in the child care community, her role as a resource for parents, and the degree to which she is isolated from the general community.

Throughout this chapter and the following one, brief sketches of individual caregivers have been interspersed with the presentation of findings in order to bring to life the providers behind the statistics. Each sketch is a descriptive profile of one caregiver in our sample who was typical of providers in one of the nine design cells.

5.1 Caregiver Background Characteristics

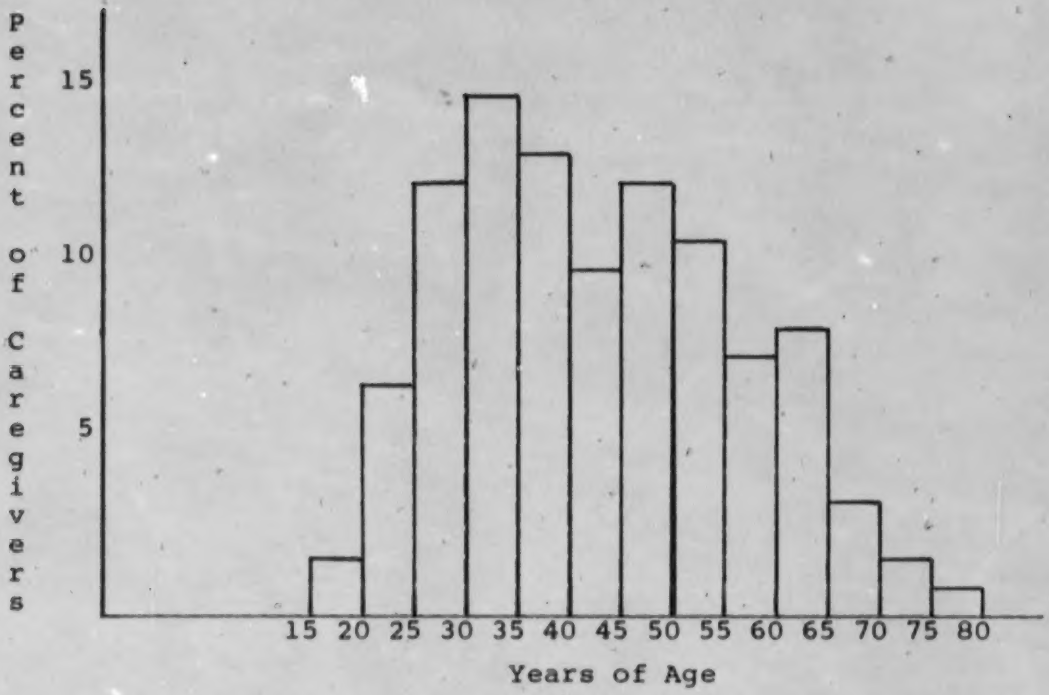
The population of family day care providers in the United States is both socioeconomically and culturally diverse. These women are young and old, married and single, rich and poor; yet they have one thing in common--they care for other people's children in their own homes on a regular basis. Before the National Day Care Home Study, little was known about the characteristics of family day care providers. We therefore sampled a broad range of caregivers in sites selected to represent known national variation in urban family day care. In this section, we present a profile of these providers, addressing the question, "Who is taking care of the children?"

5.1.1 Age

Caregivers interviewed in the National Day Care Home Study ranged in age from 16 to 76; the vast majority, however, fall between 25 and 55 (see Figure 5.1). Across sites, the median age was 41.6, indicating that although a large proportion of the caregiver population is composed of young women, often with young children at home, an equally large fraction of the population consists of middle-aged and older women who have already raised their families.

Figure 5.1

Distribution of Caregiver Age
(N = 784)



Age was found to be comparable across sites--Philadelphia providers were three years younger on average than their Los Angeles counterparts and four years younger than caregivers in San Antonio. Substantial variation in age was found across ethnicity and the regulatory status of the home, however (see Table 5.1). Across sites, White caregivers constitute the youngest group of providers. The large age differential between White and non-White caregivers is due in large part to the fact that White unregulated caregivers tended to be extremely young, with a median age of 30 across sites. The 15-year age difference between White and non-White unregulated providers is a real generational gap. Whereas the White providers tended to be young mothers, often caring for their own child(ren) along with

Table 5.1

Median Caregiver Age[a]

	Sponsored	Regulated	Unregulated	
White	40.3	38.4	30.4	34.7
Black	44.5	49.4	46.9	46.6
Hispanic	47.5	39.9	44.8	44.8
	44.5	42.3	38.4	41.6

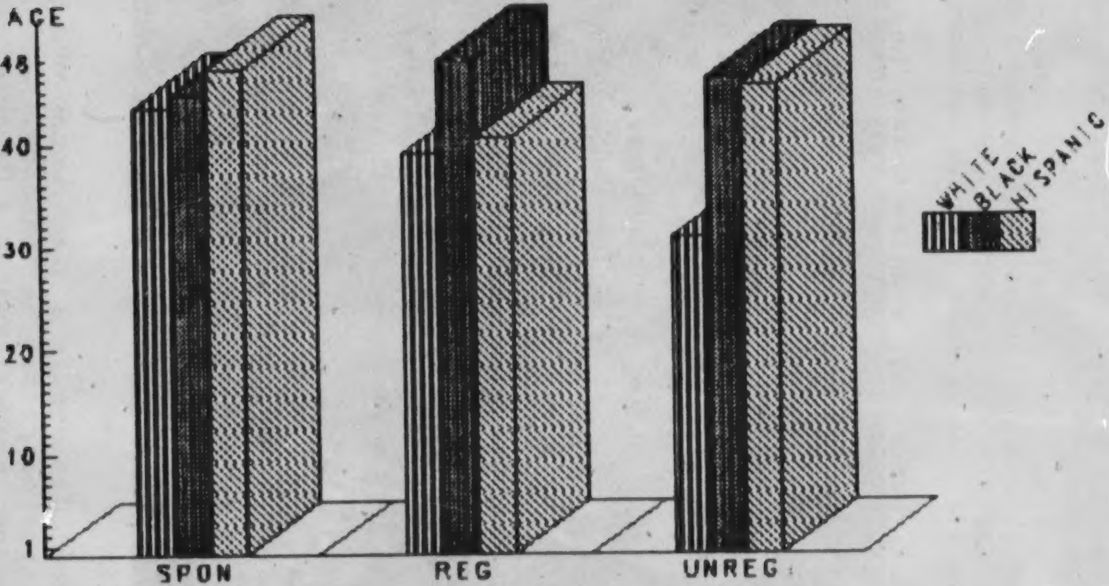
[a] Because the distribution of caregiver age is slightly skewed, medians, rather than means, have been used for presentation.

unrelated children, many of the Black and Hispanic unregulated caregivers were caring for a grandchild (or the child of a niece or nephew).

The picture that emerges for White unregulated providers is that of a young mother at home with her children, who decides to take in additional children to earn some extra money. And indeed, this portrait will be borne out in subsequent sections; typically, these caregivers have moderate to good family incomes and earn only a small fraction of their total household income from caregiving. This distinct profile for White unregulated providers is largely a result of our sample selection process. In order to find caregivers with these characteristics, it was necessary in each site to extend our sample selection from target neighborhoods in the central cities to wealthier and more suburban communities because our canvassing efforts in the inner cities uncovered very little White unregulated care. Thus, the White unregulated providers that we found had rather different demographic characteristics than most of the other providers in our sample. Two

Histogram of Table 5.1

Median Caregiver Age



profiles of individual providers will illustrate the generation gap between White and non-White unregulated caregivers.

* * *

Kathi Henderson is 34 years old and can hardly remember a time when she was not taking care of other people's children, although she has never been licensed as a family day care provider. She herself was married and pregnant with her first child at 18 when she took her first day care children. She explains: "I wanted to be home with my kids, and it's important for the other kids to have love while their parents are at work... My mother worked when I was young, and I always felt like an outsider."

Mrs. Henderson, a White woman, has four children--two daughters, 16 and 13, and two sons, 8 and 5. The youngest, Peter, is still at home. Here, he is the oldest: his mother cares for an 8-month-old infant, a year-old infant, an 18-month-old toddler, a 2-year-old girl, and a 4-year-old boy. Peter, she says, gets along better with the little ones. He needs lots of assurance from her that he is special, though, with all the others around.

Kathi Henderson contributes $150 a week to the household income. Her husband, a custodian, makes about $11,000. She's had a job only once during their marriage--for six months--and she prefers family day care even though she can't make much money at it. She generally charges $30 a week for each child, but will take less if a child's parents cannot afford that much. For this fee, she provides a lot of very personal service. Four-year-old Mike, for example, has asthma. He needs to get his medicine regularly and has special pillows, and it's important to keep him calm and happy. The youngest child is allergic to milk, and drinks a soybean formula. The extra effort does not bother Mrs. Henderson; it is all part of the job, and she feels like she gets a lot of help from her two daughters when they come home from school.

* * *

Mrs. Johnson is a Black woman who heads an extended family that comprises her husband, her niece, and her niece's two-and-one-half-year-old daughter. She became a family day care provider--an unlicensed one--after a neighbor suggested it to her. "I like the children around me all the time," she says. "They're all I have." Mrs. Johnson's husband, who has a sixth-grade education, doesn't have a job, so her income from child care is especially important to the family.

In addition to her grandniece, who is always at home, Mrs. Johnson takes care of three day care children. All three children are Black. Two of them--13-month-old David and 19-month-old Wanda--are in the home from 7:30 to 5:30, Monday through Friday. So during the day, Mrs. Johnson has three children under three in her home. In addition, she takes care of a five-year-old girl for three evenings a week. Not infrequently, one of the younger children also stays on into the evening. Mrs. Johnson, 61 years old, says, "I'm always on the go." Her husband and niece help out quite a bit though, as does a 14-year-old neighbor.

In all, Mrs. Johnson makes about $65 a week as a family day care provider. This works out to a little over 56 cents per child per hour, although she varies her fees according to how much parents can afford to pay. Slight though this income is, it makes up about half of the household's income--the remainder comes from social security and rent paid by Mrs. Johnson's niece.

Mrs. Johnson considers her work as a family day care mother to be temporary, but she adds, "Each year I say I'm not going to babysit and then parents just ask me."

* * *

Caregiver age also appears to vary somewhat by the regulatory status of the home. Once again, however, most of these differences are a result of the general youth of the White unregulated group. In addition, in San Antonio, sponsored Black and Hispanic providers were five to ten years older than their independent (regulated or unregulated) counterparts. This results both from system efforts to recruit experienced providers and from a tendency for experienced caregivers to apply for system positions. Because, as expected, there is a fairly strong correlation between age and experience (r=.45 in each study site), the process of selecting experienced caregivers led to the selection of older caregivers.[1]

5.1.2 Education

While very few of the caregivers under study had a college degree (see Figure 5.2) the majority had completed high school (57%), and some had gone on to take at least some college courses. On the other hand, a full 19 percent of the caregivers had only an eighth grade education or less. In keeping with the results of many other studies the attainment of caregivers was found to vary significantly across ethnic groups (see Table 5.2).* Hispanic providers had approximately two years less education, on average, than Black providers, and almost three years less than White providers. This reflects the fact that less than 5 percent of White caregivers and 10 percent of Black caregivers had only an eighth-grade education or less, but over 50 percent of the Hispanic caregivers never went past grade school. Moreover, in San Antonio, we interviewed several Hispanic providers whose families had forbidden them to attend Anglo schools; consequently, these providers had virtually no formal education. Thus, although White providers had about one year more education on average than their Black counterparts, the major educational distinction among ethnic groups is that between Hispanic and non-Hispanic caregivers.

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*No significant differences in educational attainment were found either across site or regulatory status. It is interesting to note, however, that among the Hispanic providers, who have many fewer years of education in general, the regulated Hispanics have almost one year more education than their sponsored or unregulated counterparts. As we shall see in Section 5.1.4, this is related to a more general pattern distinguishing this provider group from other Hispanics.

Figure 5.2

Distribution of Years of Education
(N = 793)

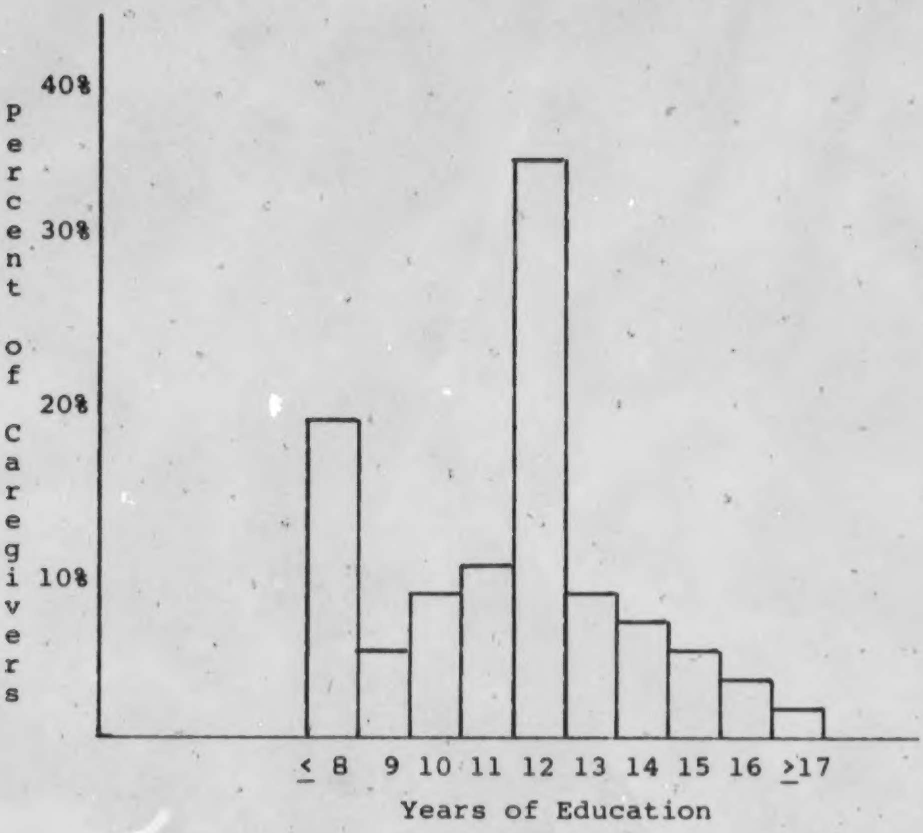


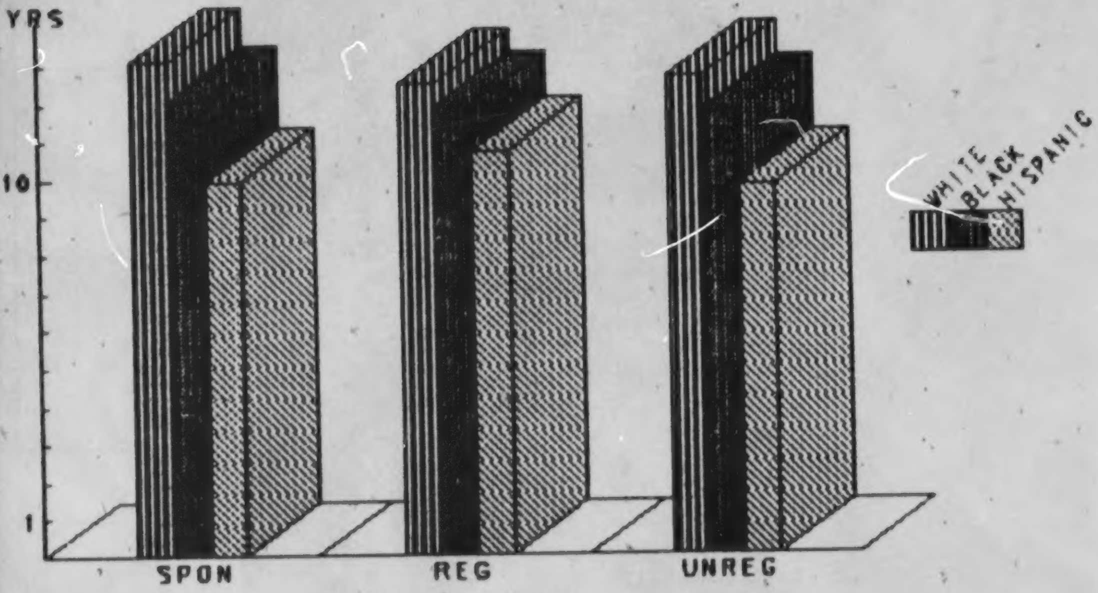
Table 5.2

Median Years of Education

	Sponsored	Regulated	Unregulated	
White	12.6	12.0	12.2	12.2
Black	11.6	11.5	11.3	11.4
Hispanic	9.4	10.2	9.3	9.6
	11.3	11.5.	11.0	11.3

Histogram of Table 5.2

Median Years of Education



5.1.3 Marital Status

The large majority of family day care providers were married; across sites, three-quarters of those interviewed were currently living with a spouse (see Table 5.3). Although over 80 percent of the White and Hispanic caregivers were married, only 50 percent of Black providers were. This is not surprising given the large proportion of single parent families within the Black population nationally.

Table 5.3

Percentage of Married Caregivers

	Sponsored	Regulated	Unregulated	
White	88%	82%	87%	84%
Black	55%	53%	49%	52%
Hispanic	86%	92%	72%	80%
	73%	75%	71%	73%

Among those providers who were married, the large majority (87%) had husbands who were employed. Thus, a sizeable proportion of caregivers come from households in which there are two wage-earners, and caregiving is not the only source of income.* In addition, as many studies have found, there is a strong correspondence between husband's and wife's level of education, with the husband's level of educational attainment slightly higher than the wife's.

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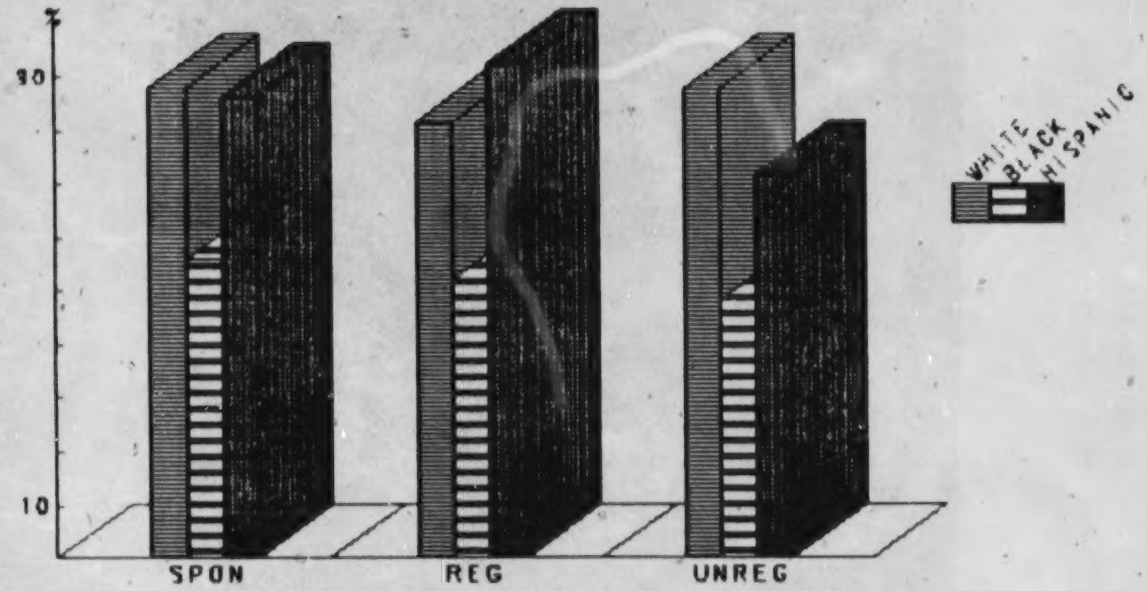
*This topic is addressed further in the following section.

Histogram of Table 5.3

Percentage of Married Caregivers



5.1.4 Income

In previous sections, we have often stated that differences among provider groups reflect variations in the socioeconomic status of caregivers interviewed. Recall, for example, the substantial difference in educational attainment between Hispanic and non-Hispanic providers, which is more likely to be a function of access to schools than of the desire or ability to learn. In this section, we expand upon our profile of providers by examining income sources in the caregivers' households.

Family day care providers span a broad range in socioeconomic status (see Figure 5.3). Many caregivers in our sample had household incomes under $6,000; indeed, this is the modal income category. Nevertheless, a small (but important) fraction had incomes in excess of $21,000 per year. Median household income across all study providers was found to be just over $10,000 per year.

Considerable variability in household income was found not only across our three study sites, but across both regulatory status and caregiver ethnicity. With regard to site, trends found reflect known national variation in income: San Antonio providers tended to have the lowest median incomes and Philadelphia providers had the highest. Variation by ethnicity likewise reflects national patterns: White caregivers in all sites were substantially better off economically than either their Black or Hispanic counterparts (see Table 5.4).

The variation in income by regulatory status, on the other hand, is not as clearly defined. Income appears to be relatively constant across regulatory status for White and Black providers.[2] Among Hispanic providers,

Figure 5.3

Distribution of Total Household Income
(N = 683)

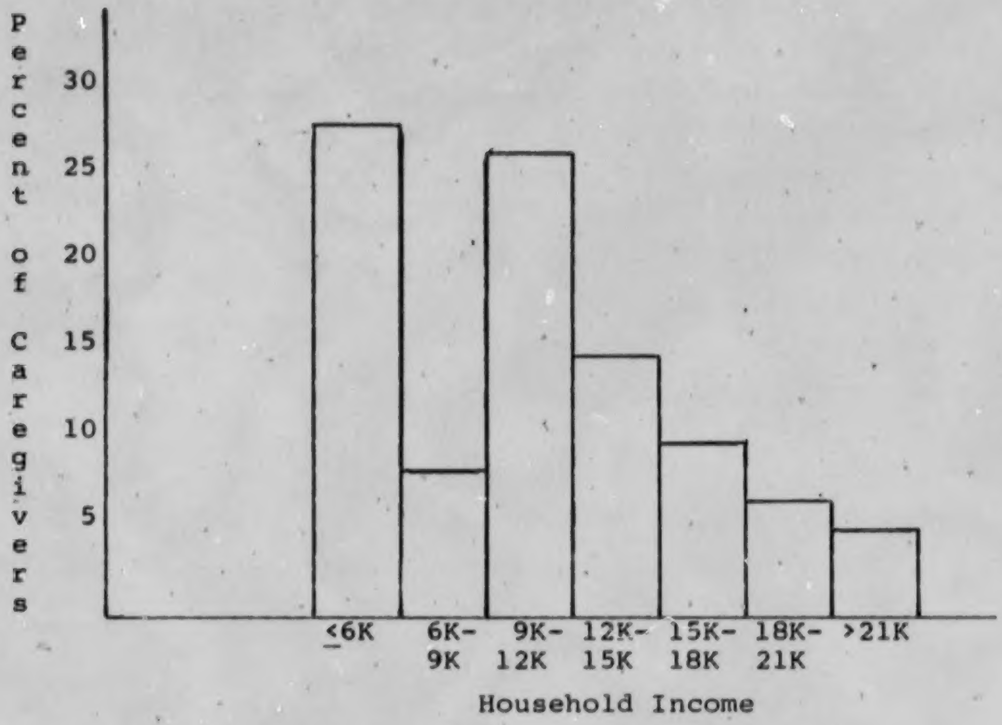


Table 5.4

Median Caregiver Income[a]

	Sponsored	Regulated	Unregulated	
White	17,250	12,750	12,750	13,500
Black	6,750	9,000	4,750	6,750
Hispanic	9,000	10,500	6,750	9,000
	9,750	10,500	9,000	10,500

[a] Because the distribution of caregiver age is slightly skewed, medians, rather than means, have been used for presentation.

in contrast, income varies substantially across regulatory status. Hispanic caregivers in regulated homes had a median household income of approximately $10,500 (about equal to the full sample median), but the incomes for most sponsored and unregulated Hispanic homes fell well below the sample median. Other study data also point up the differences between regulated Hispanic providers and sponsored or unregulated Hispanics; these providers tended to be younger (see Table 5.1), more educated (see Table 5.2) and more often married (see Table 5.3) than other Hispanics. In essence, it appears that Hispanic providers who choose to become licensed or registered represent a fairly middle-class sector of their communities, probably because this middle-class group is less reluctant to be involved with mainstream White institutions than are lower-income Hispanics. Thus, it is not surprising that these regulated providers constitute a self-selected and rather atypical group.

The percentage of total household income earned from caregiving is obviously closely related to total household income. In homes in which there is a second wage-earner with a non-negligible salary, only a small proportion of total income should be derived from providing day care; in homes in which the caregiver is the primary breadwinner, total household income should be correspondingly low because the income from caregiving is so small.* Unfortunately, many caregivers interviewed did not know and could not estimate how significant a contribution their income made to total household income. We present the data for the 283 caregivers who did respond.

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*In fact, as we shall see in Section 5.4, the correlation between total household income and percent of income earned from family day care is $-.49$ ($p<.001$).

On average, only a small proportion of total household income of family day care providers comes from caregiving (see Table 5.5). Across sites, half the caregivers relied on this resource for less than one-quarter of their total income. The notable exception to this pattern is found among sponsored Black providers. Almost half of these providers earned all of their family income by providing child care. As one caregiver stated, "I needed to work. I just love children. I had a limited education, and I felt I had the capability to care for other children besides by own." These women, most often middle-aged and single, have probably re-entered the labor force in the capacity they know best--taking care of children. Moreover, as we shall see later, most of them have had training in child care and consider their work permanent.* In essence, it appears that these women have a greater professional and economic commitment to their role as family day care providers.

Table 5.5

Median Percentage of Household Income Earned from Caregiving[a]

	Sponsored	Regulated	Unregulated	
White	25%	25%	10%	20%
Black	80%	33%	10%	33%
Hispanic	40%	10%	10%	12%
	40%	25%	10%	25%

[a] Because the distribution of the percentage of household income earned from caregiving is skewed, medians, rather than means, have been used for presentation.

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*For a fuller discussion of caregiver perceptions of their jobs, see Section 5.5.1.

Although total household income for many of these family day care providers was extremely low, and for many, the provision of child care was the only source of money, only a small percentage of caregivers interviewed reported receiving any kind of welfare assistance. Among those providers whose total annual income was less than $6,000, only 15 percent relied on the government for any support. Thus, although wages may be low, family day care providers appear to constitute a self-supporting segment of the population.

5.2 Relative Care

> My daughter was divorced and her baby [was] just born. She had to work, so I more or less took over care of her child. After about a year she suggested that I take care of other kids too. I placed an ad in the paper, and sure enough I was loaded with children.
>
> --NDCHS Provider

In Chapter Four, we discussed relative care in family day care and also considered the distinction between resident and nonresident related children. In this section, we present these data from a different perspective by examining the percentage of caregivers who provide relative care. In addition, a comparison of caregivers who provide such service and those who do not is given.

A caregiver is considered to provide relative care if she is the aunt, cousin or grandmother of at least one child who is enrolled in her home but who does not live there. (Note that care provided to the caregiver's own children, or to other related children who reside with the caregiver, is not relative care as narrowly defined here.) The key phrase in this definition is "at least one," because it means that a variety of different configurations of children in a home are classified as relative care.

A relative care home may be composed of one child with his/her grandmother or of ten children, only one of whom is a niece of the caregiver. As defined, then, relative care is not homogeneous, and the caregivers who provide relative care have strikingly similar background characteristics to those who do not (except that most relative care is provided in unregulated homes).

Consider family day care homes in which the caregiver is caring for any related child, including her own child or another related child who resides with her (see Table 5.6). This was discussed from the perspective of the child in Chapter Four; when it was examined at the level of the caregiver, fully 56 percent of all providers were found to provide such care. The provision of care to any related child varies dramatically by the regulatory status of homes. More than three-quarters of unregulated providers cared for some related child, in contrast to only 35 percent of sponsored homes.

Table 5.6

Percentage of Homes with Any Related Child[a]

	Sponsored	Regulated	Unregulated	
White	34%	45%	79%	57%
Black	38%	32%	68%	47%
Hispanic	31%	49%	79%	63%
	35%	42%	76%	56%

[a] Resident and nonresident; caregiver's own and other related children.

Table 5.7 also presents the percentage of caregivers who provide relative care but this time, excluding the caregiver's own children. As expected from our findings in

Histogram of Table 5.6

Percentage of Homes with Any Related Child

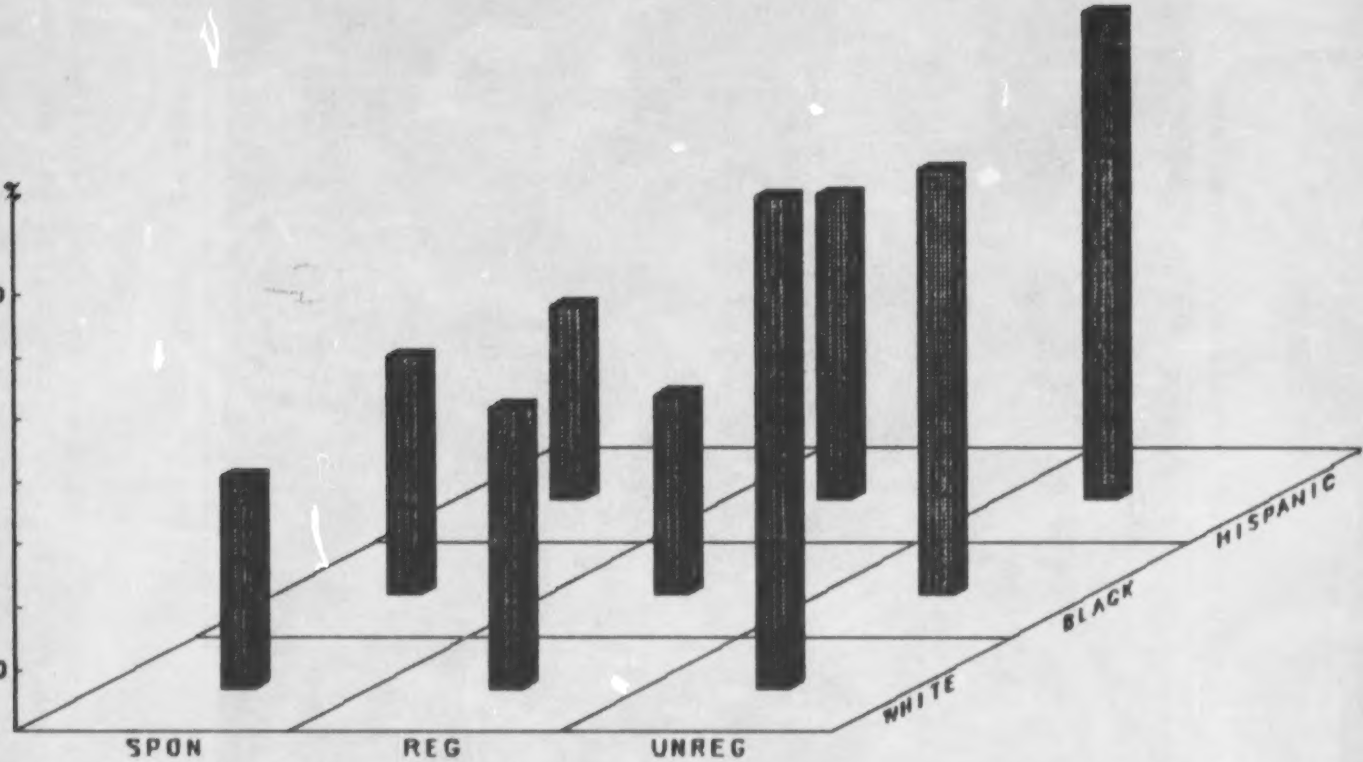

Table 5.7

Percentage of Caregivers Providing Relative Care[a]

Los Angeles

	Sponsored	Regulated	Unregulated	
White	11.8	5.6	12.2	8.8
Black	25.0	20.0	45.0	27.5
Hispanic	16.7	18.2	55.6	34.1
	18.0	12.0	33.3	20.7

San Antonio

	Sponsored	Regulated	Unregulated	
White	---	16.4	33.3	24.6
Black	0.0	30.8	64.6	50.0
Hispanic	16.7	19.4	61.3	46.3
	9.5	19.0	53.5	38.9

Philadelphia

	Sponsored	Regulated	Unregulated	
White	4.3	14.3	21.7	13.7
Black	2.7	12.8	18.2	11.0
Hispanic	---	---	---	
	3.3	13.3	19.4	12.1

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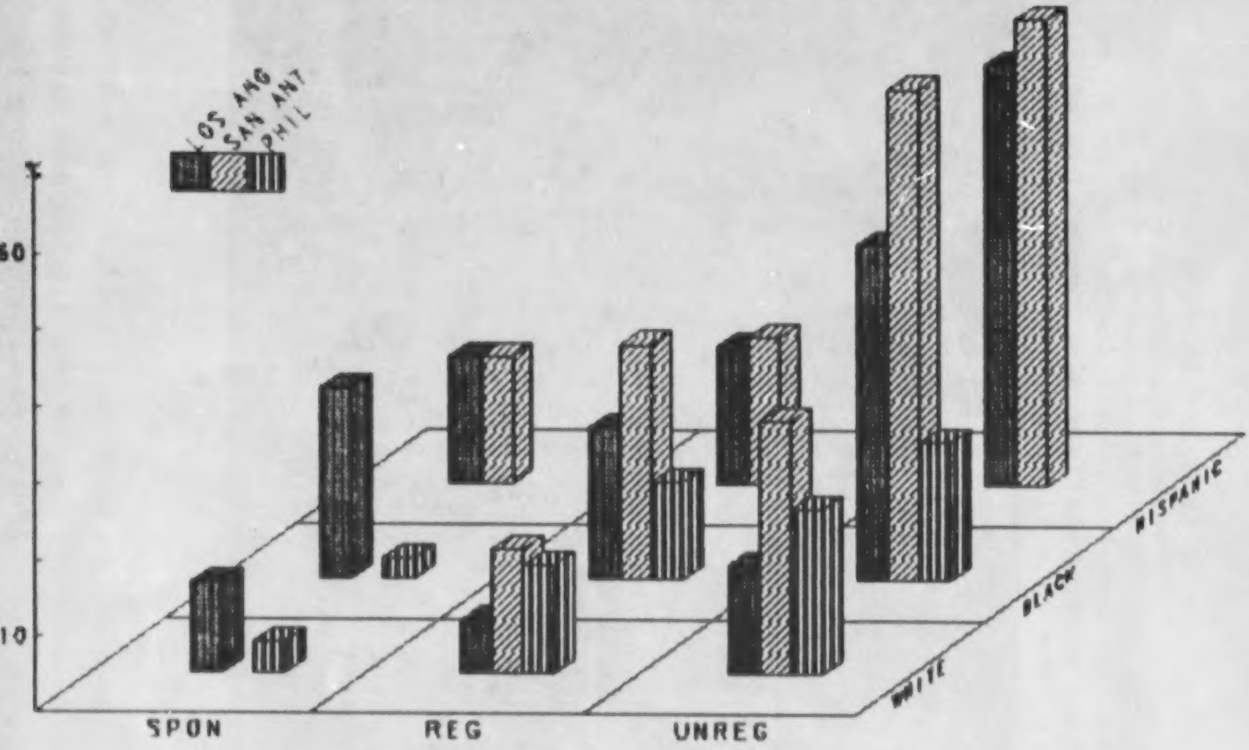
[a] Care provided to a child who is related to the caregiver but is not the caregiver's own child, and who does not reside in the caregiver's home.

Histogram of Table 5.7

Percentage of Caregivers Providing Relative Care



Chapter Four, Black and Hispanic unregulated caregivers in Los Angeles and San Antonio were found to be most likely to have a relative in their care. Philadelphia caregivers were unlikely to serve any relatives.

* * *

Lucy McCoy is a 54-year-old Black woman who works as a family day care provider. She began taking care of other people's children about five years ago, with no license, because her cousin needed day care, and found that various other relatives also needed her services. These days, she is a licensed provider and takes care of four children of friends and neighbors. Her own granddaughter, Linda, who lives with her, is also at home during the day. Linda, age two-and-a-half, shares her grandmother with three toddlers 22 to 23 months old, as well as a 6-month-old infant. All of the children are Black. Three of the four day care children are from single-parent famlies. Mrs. McCoy reports that Linda would like to help her take care of the other children, but she's really too young. She does like having the other children around to play with, and they all get along very well. In fact, even though the day care children place demands on her time, her own family appreciate her being a day care mother.

Mr. McCoy, like his wife a high school graduate, works as a gardener at a country club. Together, they earn almost $9,000 a year, on which they support themselves, their two high-school children, and their grandaughter. Mrs. McCoy set her own fee after discussing it with other caregivers she knew; she charges $25 a week for each child.

Three years ago, Mrs. McCoy decided to obtain a license, after hearing about it at a day care meeting she had been invited to attend. She felt if she was going to be in the day care business, it would be better to have a license. It is important to her to get "reliable working parents, who want the best care for their children."

* * *

Returning now to relative care as narrowly defined above, we shift our attention to differences between relative care and nonrelative care homes along the dimensions of enrollment and other caregiver characteristics. As so few Philadelphia providers served relatives, our discussion will be confined to Los Angeles and San Antonio homes.

In general, differences found between homes reflect expected patterns.* Providers who served relatives, for example, tended to be older than those who did not provide relative care (the mean ages among unregulated providers are 47 and 36 years respectively). This is to be expected, however, as most relative care is provided by grandmothers. Given the age difference between these two provider groups, it is not surprising to find some evidence of an experience differential; although unregulated caregivers who do not provide relative care have one year less experience than those who do, this difference is not significant. Within individual design cells (e.g., Los Angeles Black unregulated caregivers), no significant enrollment differences were noted in relative and nonrelative care homes. Across design cells, however (that is, in all study homes), significant differences were found for enrollment because relative care is concentrated in unregulated homes, and unregulated homes tend to be smaller. Thus, although relative care homes appear to be smaller than nonrelative care homes, this difference is misleading because it disappears when the regulatory status of the home is controlled.

The examination of differences between homes that provide relative care and homes that do not is important in another respect. This comparison offers the opportunity to observe the effect on the number of nonrelated children of the presence of related children. Is the number of nonrelated children independent of the number of grandchildren or other related children cared for in the home? Or does that number somehow compensate for the presence of related children?

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*Significance tests have been conducted within site, ethnicity and regulatory status, to control for the differential rates of provision of relative care.

In fact, the number of nonrelated children varies significantly by provision of relative care. Thus, across all homes, a home that does not provide relative care enrolls, on average, 3.7 children; a home that does provide relative care enrolls an average of 1.2 children not related to the caregiver. The same contrast is observed within unregulated care. As described above, these homes are smaller on the whole than are sponsored and regulated homes. Even so, unregulated homes that do not provide relative care enroll an average of 2.3 children, compared to less than one (.8) unrelated child in homes providing relative care.

Finally, let us look again for a moment at caregivers providing care to any related child. Across all homes, the number of nonrelated children is significantly associated with presence of any related children; four children are on average enrolled in homes that do not care for any related children, compared to 2.3 in homes that do provide such care. The same compensating relationship is observed within unregulated care; homes that do not care for any related children, on average, have 3.2 nonrelated children enrolled compared to 1.6 in homes that care for some related child.

With respect to caregiver age, the trend observed earlier is confirmed in these analyses. Caregivers who care for any related children are significantly older than those who do not (47 vs. 39 years of age). In contrast to the result reported above concerning experience, when unregulated care is examined with respect to the provision of care to any related child, a significant difference in experience is observed: caregivers who do not care for any related children have had more than 5.5 years of experience; caregivers who care for a related child have had 3.7 years.

5.3 Caregiver Qualifications

> They [caregivers] first have to care about children. That's the main thing, and to have patience with them.
>
> --NDCHS Provider

Developing a definition of caregiver qualifications in family day care settings is an issue of considerable importance to the day care community, but one which is fraught with difficulties. Criteria generally used for caregiver qualifications are based upon education, experience and training. Indeed, the FIDCR focus upon all three for day care center personnel, and on both experience and training for family day care providers.

Yet there is skepticism about whether these traditional dimensions, which may be face-valid indicators of professionalism in centers, retain their utility when transferred to a home setting. State licensing authorities, in fact, often require far less education and training for family day care providers than for center personnel. For example, no such requirements are made of family day care providers in Washington D.C., whereas agency expectations for center staff are explicit and detailed, according to level of responsibility.

These differences can be attributed, in part, to perceptions of the role of the family day care home in contrast to that of the center. Family day care represents a subsystem of the overall child care delivery system that is thought to meet unique needs. As perceived by state licensing authorities, the primary role of family day care homes (reflected by emphasis in existing regulations) is to provide a setting in which the physical safety and health of the child can be assured. From the perspective of the licensing agency, then, professionalism can be defined generally as evidence of planning and forethought on the part of the caregiver with respect to such things as health and fire emergencies, scheduling of activities, and meal preparation.

Yet a third conception of caregiver qualifications is relevant here. The research of Emlen and others suggests that the uniqueness of family day care, from the parents' perspective, may center on the nature and quality of relationships between caregiver and child, and between the caregiver and parent.[3] Professionalism in this view can best be measured through an assessment of caregiver attributes and techniques--her child-rearing practices, flexibility and coping skills, and the ability to negotiate the fine line between her roles as parent-complement and parent-substitute.

Yet another perspective on caregiver qualifications --the caregiver's own--is also relevant. Although this issue was not a major focus of the study, caregivers in Los Angeles were queried about the qualifications they thought prospective caregivers should have, and caregivers in all three sites were asked about advice they would give to people interested in becoming family day care providers. These questions elicited similar responses. "It's a hard job and a lot of responsibility. You have to love children and have a lot of patience." Love of children and patience were the qualifications stressed by caregivers. Although this professional quality cannot be measured, it is closely related to Emlen's stress on the importance of a vital relationship between caregiver and child, and caregiver and parent.

Many different definitions of professionalism then, are pertinent in discussing family day care. With the exception of the traditional measurements of education, experience and training, however, most of these approaches are not easily taken outside of a research setting. If these diverse conceptualizations are to be useful to parents and regulators, we must identify and fully understand the more readily transparent caregiver attributes that appear highly associated with the desired outcomes. For this reason, a profile of caregiver qualifications along the traditional dimensions--experience, education and training--is the focus of this section.

To facilitate a more global portrait of professionalism in family day care, however, additional analyses throughout this report discuss the relationships between these dimensions and some of the more intangible, yet important aspects of professionalism. Subsequent sections of this chapter discuss issues of caregiver job perception, caregiver attitudes and the caregiver as a community member. Other chapters present additional facets of professionalism not treated in this section, such as nutritional planning, flexibility of services provided and caregiver communication with parents. Finally, Chapter Eleven addresses the most crucial element of caregiver professionalism--behavior in the home. Quantifiable indicators will be related to more qualitative aspects where possible. By constructing links in this fashion, the more inclusive concept of professionalism can be understood. And more important, insight can be had into the ability to use these measurable characteristics as a means of regulating such unmeasurable characteristics as personality and warmth.

5.3.1 Experience

> Experience dealing with children is important. Either you need the experience of having children of your own or having taken care of children before.
>
> --NDCHS Provider

Years of family day care experience is a commonly accepted indicator of caregiver professionalism. When caregiver qualifications are regulated, this is the most frequently cited dimension. Parents, too, are inclined to choose a more experienced caregiver over a novice, other things being equal.* Considerable effort was therefore devoted to the development of an adequate measure of experience.

Several dimensions of day care experience were tapped during interviews with providers. For this setting, previous family day care experience obviously constitutes the most face-valid indicator of experience. In addition, caregivers were queried as to their experience in centers, experience in preschool, kindergarten and elementary school programs, and finally, experience in rearing their own children. A final group of items included experience in church or Bible school, day camps, play groups, and so forth. However, few useful conclusions could be drawn from data on these settings, and analyses concentrated on the other, more directly relevant domains.

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*See CSPD's Parent Study Component Data Analysis Report (Volume IV of the NDCHS Final Report) for a full discussion of parents' perceptions of professionalism.

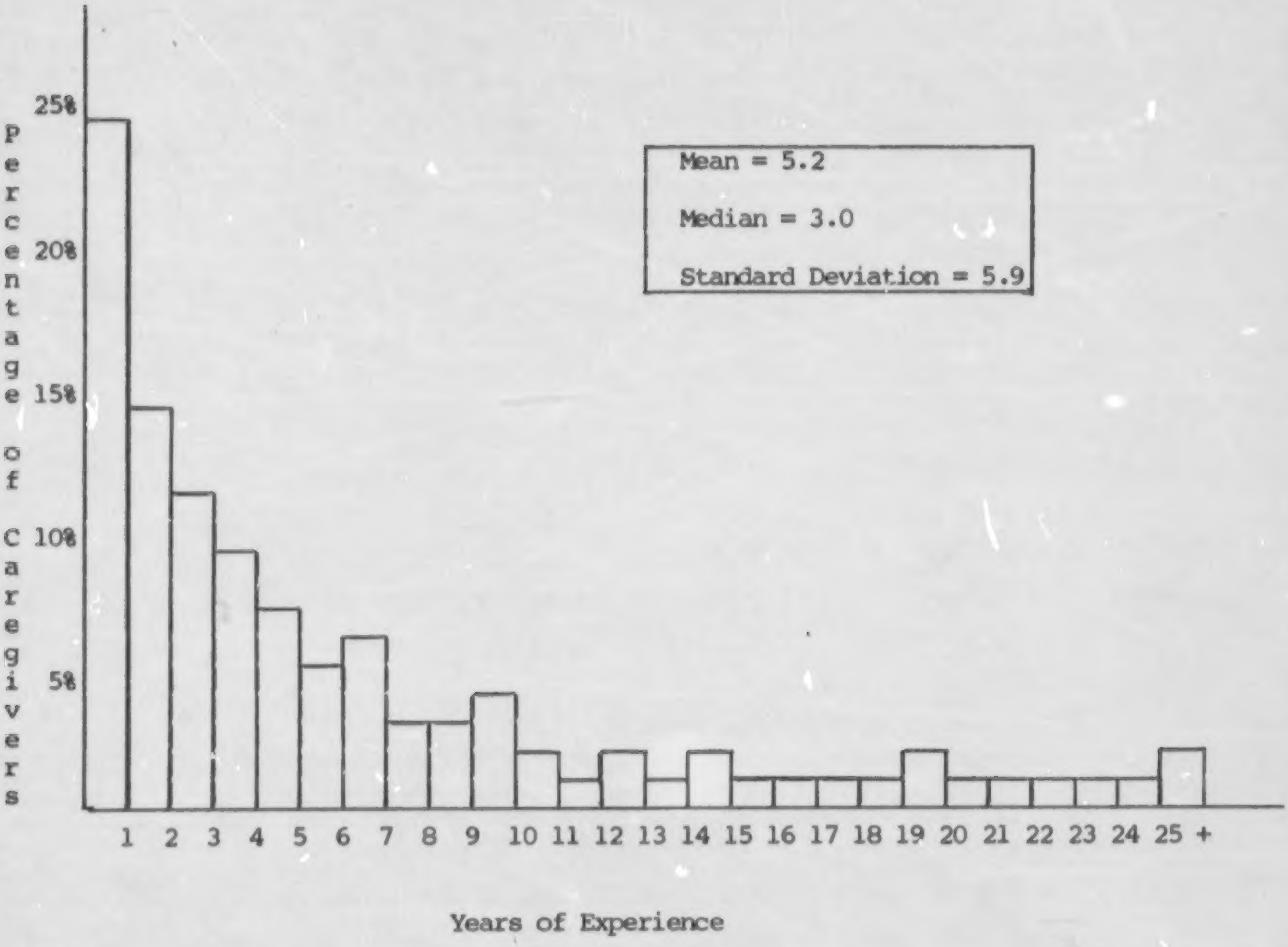
Very few caregivers had any day care experience outside of family day care: only 7.9 percent of study providers queried had worked in a day care center. An even smaller fraction had experience with either preschool programs, such as Head Start and kindergarten, or elementary school programs. Experience outside of family day care does not therefore appear to be a useful indicator of caregiver qualifications. By contrast, measurements of the variation in experience gained in raising one's own family had the opposite problem: not surprisingly, the vast majority of caregivers had children of their own. Because this measure does not vary across providers, it, too, is not a very useful experience variable.

Moreover, all caregivers had some experience in providing family day care, if only for a short period of time, and this measure varies substantially across providers. Among the caregivers interviewed, some had less than one month's experience, and others had been providing care for well over 25 years (see Figure 5.4).[4] A large proportion (25 percent) were relatively new to family day care, with less than one year of experience. Fifty percent had one to 7 years of experience, and the remaining 25 percent had been providing care for 7 to 36 years.

This distribution can also be used to show how long a typical caregiver may continue to provide family day care. The modal "spike" in the first interval (0-1 year) suggests that there is a substantial early dropoff in caregiving. That is, many caregivers stop providing care within a year after they begin. After the first year, however, the rate of attrition slows markedly. Thus, if a provider has been in family day care for at least a year,

Figure 5.4

Distribution of Family Day Care Experience
(N = 790)



she is more likely to continue in this capacity for several more years than the newer provider.*

The amount of family day care experience that providers have varies considerably across the regulatory status of the home, but is far more stable across ethnicity and site. In our entire sample, the median number of years of experience is 3.0. Within each ethnic group, however, sponsored and regulated caregivers consistently have more family day care experience than their unregulated counterparts (see Table 5.8). Thus, unregulated providers tend to be newest to the profession, and those who have been in business longer tend to be certified through licensing, registration or sponsorship.

Table 5.8

Median Number of Years of Family Day Care Experience[a]

	Sponsored	Regulated	Unregulated	
White	4.0	5.0	1.9	3.0
Black	3.0	4.8	2.0	3.0
Hispanic	3.0	3.3	2.7	3.0
	3.0	4.4	2.0	3.0

[a] Due to the extremely skewed distribution of this variable as displayed in Figure 5.4, medians, rather than means, have been used for presentation.

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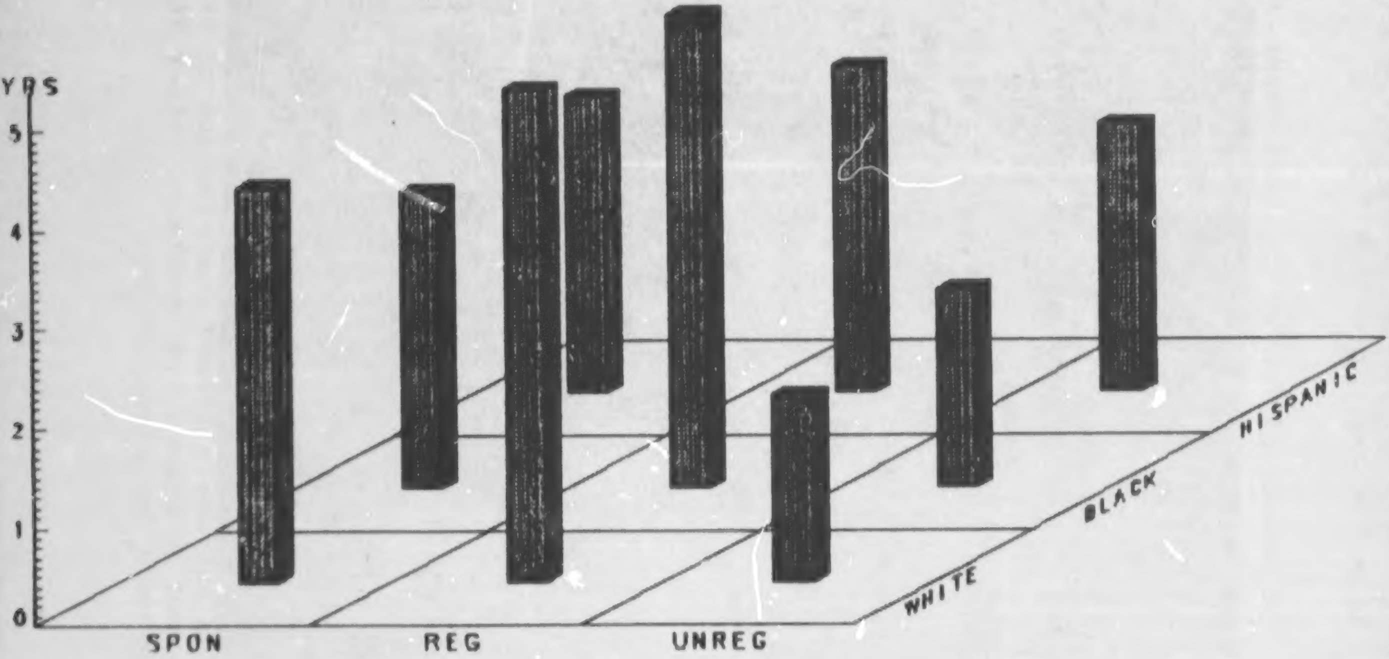
*Attrition of family day care providers is discussed in more detail in Chapter Ten.

Histogram of Table 5.8

Median Number of Years of Family Day Care Experience



An interesting difference emerges, however, upon closer examination of the sponsored and regulated homes by site (see Table 5.9). In San Antonio and Philadelphia these caregivers are about equally experienced; in Los Angeles, sponsored caregivers (and more specifically, those who are Black and Hispanic) have almost three years less experience on average than do regulated caregivers. The relatively low level of experience of sponsored providers, however, is an artifact of the short history of sponsored care in Los Angeles. Although some sponsored caregivers were providing care long before they joined a family day care system, many were recruited about two years before the study began, when most family day care systems in Los Angeles were formed. And indeed, data from San Antonio and Philadelphia bear out the fact that sponsored caregivers, by and large, have as much experience as regulated caregivers.

Thus, as we found in previous sections of this chapter, the major distinctions among providers in our design cells are between those who are unregulated and those who are regulated (either through sponsorship or through licensing/registration). Regulated providers tend to be more committed, in a sense, to family day care, whereas unregulated caregivers homes are relatively new to the profession, and indeed may not consider it a profession at all.

5.3.2 Education

Of the three dimensions of caregiver qualifications described here, educational attainment has traditionally been considered the least relevant index of competence for family day care providers. The federal government, which regulates education for day care center staff, does not set similar requirements for caregivers in homes. Nevertheless, it is still held by some to be an

Table 5.9

Median Number of Years of Family Day Care Experience by Site[a]

Los Angeles

	Sponsored	Regulated	Unregulated	
White	6.0	5.8	1.8	3.9
Black	2.2	6.1	1.8	4.6
Hispanic	2.3	4.0	1.5	2.9
	2.9	5.8	1.8	3.5

San Antonio

	Sponsored	Regulated	Unregulated	
White	---	5.0	2.0	3.0
Black	4.0	4.0	2.0	3.0
Hispanic	5.4	3.0	3.0	3.0
	4.1	4.0	2.3	3.0

Philadelphia

	Sponsored	Regulated	Unregulated	
White	3.1	3.5	3.5	3.0
Black	3.0	2.7	4.0	3.1
Hispanic	---	---	---	
	3.0	3.5	2.1	3.0

[a] Due to the extremely skewed distribution of this variable, as displayed in Figure 5.4, medians, rather than means, have been used for presentation.

index of professionalism and thus is included in this profile of caregiver qualifications.

During the caregiver interviews conducted in the National Day Care Home Study, extensive data were gathered on years of education, degrees obtained, areas of specialization and education currently in progress. The intention here was not only to examine the number of years of schooling, but to construct an index of specialization that would discriminate between caregivers who had participated in programs directly relevant to child care (e.g., early childhood education) or less directly relevant (e.g., psychology) from those who had not had such instruction. This set of questions was based upon a similar set of items used in the National Day Care Study (NDCS) of center care. The results of the NDCS showed that for center caregivers, such specialization was related to the kind of care delivered to children. However, our interviewers found that very few caregivers in family day care had enrolled in such programs; thus, quantification of educational attainment had to be restricted to the simpler measure of the number of years in school described in Section 5.1.2.

Recall from this discussion that educational attainment varied substantially across ethnic groups: Hispanic providers had approximately two years less education, on average, than Black providers, and almost three years less than White providers. This confounding of education and ethnicity has made it clear that education cannot be a useful indicator of competence. Indeed, education is only one of a number of measures which may be more appropriately considered a component of socioeconomic status than of professionalism.* We therefore shift attention towards a more commonly accepted means of acquiring competence in child care, and one that can be examined across ethnic groups--training.

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*Analyses presented in Section 5.4 explore this notion more completely.

5.3.3 Training

Formal and informal training are believed to have an important impact on the types of programs offered in family day care homes. At present, communities offer a wide variety of programs ranging from training courses run by sponsoring agencies to one-day Red Cross or county extension workshops. However, these programs are rarely geared toward the distinct form of child care that family day care provides; rather, they are often focused on training caregivers for work in centers or on teaching parents special skills for dealing with their own children.* Moreover, the amount of outreach work by social service agencies to encourage family day care providers to enroll in these programs is limited. For example, although most private and public child care organizations in San Antonio offer training opportunities for their constituents, very few have family day care participants. As a result, although both the day care community and state and local officials would like to see more trained providers, only limited strides have been taken in that direction.

Agencies that sponsor family day care provide the best opportunity for evaluating training. Almost all of the training currently received by caregivers goes to those who are sponsored, primarily because there is little opportunity for training for independent providers (see Table 5.10). Indeed, almost three-quarters of all sponsored caregivers have received some degree of training in child care; this is true for less than one-third of all regulated providers and for an even smaller proportion of unregulated providers. Thus, just as education is virtually confounded with ethnicity, training is almost totally confounded with the regulatory status of the home.

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*For a fuller discussion on the day care community's training programs in the three study sites, see the Site Case Study Report (Volume VI of the NDCHS Final Report).

Table 5.10

Percentage of Caregivers Trained in Child Care

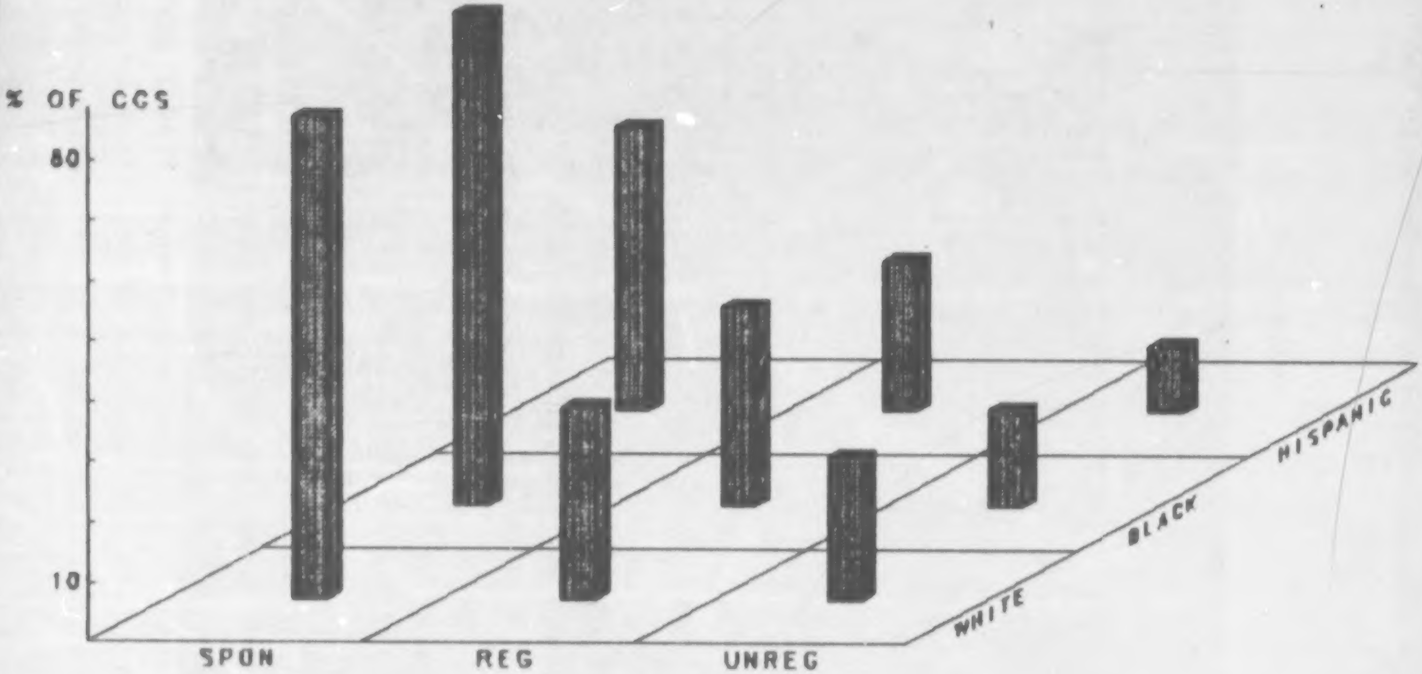
	Sponsored	Regulated	Unregulated	
White	81%	32%	24%	35%
Black	82%	33%	16%	39%
Hispanic	47%	25%	11%	21%
	73%	31%	18%	33%

This is not to say, however that all sponsored caregivers have had similar training experiences. During both the caregiver and agency interviews conducted in the NDCHS, considerable attention was focused upon the nature and content of the available training programs. Caregivers were asked about their on-going and past participation in training programs and classroom and practicum experience, as well as about their perceptions of the utility of training. Agency directors, on the other hand, were asked to describe the purposes, content and emphasis of the training programs available to their caregivers.

The specifics of training, however, proved to be one of the most difficult dimensions of professionalism to tap. When gathering information from caregivers, the diverse range of training experiences itself presented serious problems for both the construction of interview items and the derivation of analytic constructs based upon

Histogram of Table 5.10

Percentage of Caregivers Trained in Child Care



responses. Moreover, it proved virtually impossible to document these experiences so that equivalent measures of the type, intensity and duration of training could be established across all study caregivers. Thus, precise variables assessing amounts of training were not constructed.

A detailed review of responses to our queries on whether or not caregivers viewed their training as useful showed that sentiments were mixed. Some providers felt that their experience in raising their own family taught them most of the skills necessary to provide child care and that training had done little to supplement this knowledge. On the other hand, many felt that the training program helped them substantially, especially by suggesting ideas on what to do and how to interact with children. As one caregiver expressed it, "Training should show how to take care of children and how to talk to children." Caregivers often emphasized that training had taught them specific skills, good nutrition, bookkeeping, basic first aid, educational games and discipline techniques. Yet another group indicated that the experience of meeting with other women and discussing the provision of family day care with professionals was the most helpful aspect of training, not necessarily the specific information taught by the instructor: "They [the agency] are basically making us see that what we are doing is worth the job." For these caregivers, the sharing of their "common bond" and the confirmation received from other providers and agency personnel that their job was worthwhile constituted the major contribution of the training sessions.

* * *

Before she became a family day care provider, Mrs. Villareal had been working in a retail store for a number of years, but it was a job she disliked. Her sister and a close friend were licensed family day care providers, a job they seemed to enjoy and just as important in her estimation, a job that could be done at home. She was easily convinced that providing day care at home was better than most jobs she could find outside her home.

Her friend was part of a family day care system that she highly recommended, and she suggested that Mrs. Villareal get in touch with them. The system gave her an interview, made an appointment for her TB test and helped her get a license as a child care provider. She became a provider in the system and now receives $0.65 an hour for each child in her care. Parents provide the children's food. Before she started caring for children, the system provided training in child development and emergency first aid and showed her how to make her home safe and comfortable for children. In addition, they provided toys for the children and continued child care training for Mrs. Villareal. Following a series of individual meetings in her own home with a system staff member, Mrs. Villareal attended educational sessions with a group of providers. At later sessions, parents and outside professionals also attended. She has found this training to be quite useful and has "learned a lot about children."

Although all of Mrs. Villareal's day care children are referred to her by the system, she communicates directly with their parents, with whom she has very good rapport. There are four children in her care; none are related to her and all are Hispanic. Although Mrs. Villareal's English is fair, she prefers to speak Spanish. She usually speaks Spanish to the children, but they seem to prefer speaking English among themselves.

She considers herself a "good" family day care provider. Although she does not feel that the care she provides is "special" in any way, many of the children's parents believe that in addition to good care, Mrs. Villareal provides a continuation of the values and culture of the Hispanic community. She says that she intends to be a full-time provider for "a long time, not only because of the money, but also because I like working at home."

* * *

Agency interviews provided considerable data describing specific training programs from a different angle.*

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*For a more complete description of training programs, see the Family Day Care Systems Report (Volume V of the NDCHS Final Report).

All systems claim to train providers; however, the quality of programs, range of topics, frequency of sessions and requirements for attendance vary considerably. On average, providers are offered five hours of training per month. And although all programs expect providers to attend training, one-third of the system directors interviewed did not require attendance as part of their agreement with providers.

Topics discussed at sessions are varied. They include nutrition, community resources, child development, recordkeeping, health and safety, parent participation, art, family day care as a business, insurance and taxes, child activities and development of providers' self-esteem. In addition, sensitive issues such as value structure, life-styles and cultural differences are discussed to try to help caregivers effectively cope with differences that may arise with parents of backgrounds dissimilar to their own.

Persons involved in training are usually directors, assistants, social workers, nutritionists and welfare department consultants. Outside professionals occasionally lecture on specific topics, but most agencies have found that it is not productive simply to lecture to providers. Some programs coordinate accredited workshops and seminars with local schools. Moreover, observations of caregivers with children are an integral part of several training programs.

Thus, training can constitute a wide variety of programs ranging from the most basic one-day workshops to intensive bi-monthly meetings. Knowing that a caregiver has had some training does not tell us what type of instruction she has experienced, and any attempt to classify programs into a few distinct categories rapidly runs into difficulties. As a result, National Day Care Home Study analyses presented in this report have used only the dichotomous measure representing the presence or absence of child care training.

5.4 Relationships Among Provider and Home Characteristics

Previous sections have examined the principal caregiver and child characteristics and their variability across sites, ethnicity and the regulatory status of the home. Throughout these presentations, we have alluded to relationships among these dimensions (such as the strong correlation between age and experience), but have not, as yet, fully explored these patterns. As such an exploration is necessary for a clear understanding of family day care, we focus this section on the formation of an integrated profile of provider, child and home characteristics.

Table 5.11 presents the correlations among 13 of the most important variables described earlier. Measures have been classified into one of three categories: enrollment, caregiver background, and caregiver qualifications.* Relationships among the measures within each domain will be discussed first; relationships across domains will then be discussed.

Enrollment, the number of caregiver's own children under seven and the number of age groups are all intimately linked, as shown earlier. Not surprisingly, larger homes tend to be composed of children from more age groups. In homes where the caregiver has her own young children at home, fewer children are found enrolled, and they tend to be

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*Rather than display education in both the caregiver background and qualifications sections of Table 5.11, we have included it only under qualifications; however, it will be discussed in both domains. Similarly, the number of the caregiver's own young children is included only under enrollment; it can and will, however, also be considered a caregiver background descriptor.

Table 5.11

Correlations Among Measures of Enrollment Caregiver Background Characteristics and Caregiver Qualifications

	ENROLLMENT			BACKGROUND CHARACTERISTICS							QUALIFICATIONS		
	Group Size	Number of Own Children	Number of Age Groups	Age	Marital Status	Husband Employed	Husband's Education	Income	% of Income from Family Day Care	Relative Care	Experience	Education	Training
Group Size	1												
Number of Own Children Under Seven	-.14	1											
Number of Age Groups	.65	-.11	1										
Age	.10	-.57	.10	1									
Marital Status	.00	.23	-.06	-.24	1								
Husband Employed	-.01	.21	-.04	-.43	—	1							
Husband's Education	.06	.21	.01	-.39	—	.21	1						
Income	.09	.22	-.02	-.32	.52	.37	.40	1					
% of Income from Family Day Care	.27	-.28	.28	.27	-.59	-.34	-.18	-.49	1				
Relative Care	-.11	-.04	-.10	.14	-.08	-.12	-.20	-.22	-.17	1			
Experience	.26	-.27	.21	.43	-.03	-.22	-.15	-.05	.11	.00	1		
Education	.16	.18	.03	-.33	.12	.22	.57	.39	-.11	-.18	-.12	1	
Training	.18	-.02	.11	-.00	.02	.05	.12	.13	.20	-.16	.00	.24	1

distributed across fewer age groups. As these relationships have already been discussed in considerable detail in Chapter Four, we will immediately turn to the next domain of variables--caregiver background characteristics.

Older caregivers have fewer years of education and are less likely to be married than their younger counterparts, and among those who are married, the husbands of older caregivers are more likely to be unemployed and have fewer years of education than the husbands of younger caregivers. As a result, older caregivers in general have lower total household incomes than those who are younger and also tend to earn a larger proportion of this income from child care. These women are also more likely to provide relative care, but are less likely to have their own children in care.

At the other end of the spectrum we find the younger, better educated caregiver who has a few of her own young children at home and does not provide care for her relatives. She is likely to be married and to have a husband who is employed and better educated than both herself and the husbands of older caregivers. Family income is generally higher and providers rarely rely on the revenue produced by providing child care to run their household.

Among the caregiver qualifications measures, education is negatively related to experience, but positively related to training in family day care. More educated caregivers thus tend to be newer to the profession, but are more likely to have enrolled in a training course, perhaps due to their lack of "hands-on" experience and/or their familiarity with courses as a means of learning. Experience in general, however, is not related to training; both experienced and inexperienced providers are equally likely to participate in training programs. Thus, just as the caregiver background characteristics pointed toward two distinct types of caregivers--older, poorer, often single women taking care of their relatives along with enrolled children versus younger, middle-income married women taking care of their own young children along with enrolled children--so do the caregiver qualifications measures suggest two types of caregivers--educated but inexperienced providers and less educated but experienced providers.

Not surprisingly, these two dichotomies are intimately linked. The older caregivers (with all their attendant characteristics along other dimensions) tend to be more experienced and less educated while the younger caregivers tend to be less experienced but more educated. Training, however, which was only loosely tied to the other qualifications measures, similarly appears to be independent of the majority of background measures. The notable exception to this rule is the positive correlation between training and the percentage of income earned from family day care; caregivers who heavily rely on their family day care earnings for their subsistence are more likely to have been trained. If one recalls from Section 5.1 that sponsored caregivers are most likely to rely heavily on family day care income, and from Section 5.3 that sponsored caregivers are most likely to have been trained, however, such a correlation seems perfectly reasonable.

It is interesting that all three types of qualifications are positively related to group size.[5] Despite the different routes taken to learn about child care, caregivers who are more experienced, more educated or better trained all enroll more children than their counterparts without such backgrounds. Although the relative importance of each of these dimensions varies slightly from site to site, experience is most strongly related to enrollment among the qualifications variables: experienced caregivers are most likely to have large homes.

Note, too, that most of the background characteristics are relatively independent of group size, but as discussed earlier, are definitely related to the number of young children of her own that the caregiver has at home. Once again, the exception comes from the variable reflecting the caregiver's reliance on family day care income; the more a caregiver depends on this income, the larger the home tends to be.

In sum, two distinct types of women are providing family day care. Moreover, these profiles are extremely consistent across sites; that is, these patterns are not only found across all 793 study homes, but are maintained even upon examination within site. Nor do they appear to be an artifact of differences across ethnicity or the regulatory status of the home. This characterization appears to be a fairly accurate representation of the caregiver population. However, this profile is based upon the most easily measured characteristics of providers; it does not provide much insight into their motivations for providing care, their perceptions of their job, their preferences for structuring the home and attitudes about children. In the remainder of this chapter, we expand upon these profiles by examining several of these important areas.

5.5 Caregiver Perceptions, Preferences and Attitudes

Up to this point, we have presented only an external picture of family day care by describing how the researcher, regulator or parent might view the family day care environment. Through the use of objective measures of such elements as enrollment, age composition and caregiver qualifications, we have attempted to characterize the aspects of the home that are most readily apparent to the outside observer, but which also reflect the flavor of the experience a child might have in each home. The primary advantage of such measures is that they are easily obtained either upon inspection or through a few simple questions. Their disadvantage, however, lies in the fact that they may not reflect the individual caregiver's view of her home--how she perceives the family day care arrangement. This perspective is crucial for a complete understanding of the day care environment, as it is the caregiver herself who largely determines the character of the home. In this section, our attention therefore shifts to an internal view of family day care by examining caregiver perceptions, preferences and attitudes about providing family day care.

We begin with a discussion of job perception--why caregivers began providing child care and whether or not they view this as a permanent or temporary job (Section 5.5.1). Section 5.5.2 presents a profile of caregiver preferences for enrollment by describing how caregivers would structure their ideal home. Section 5.5.3 concludes with an analysis of caregiver attitudes towards children and child-rearing based on the attitude scale administered to both caregivers and parents during Phase III of the NDCHS.

5.5.1 Caregiver Job Perceptions

Motivation and role definition are a critical pair of related variables. Caregivers' answers to why they began providing family day care and how they now perceive their job together can provide a great deal of information about the type of care a child will receive in a particular home. At least one experienced observer of children in a wide variety of care settings holds that motivational differences constitute perhaps the most important single dimension of differentiation among caregivers. In this section we therefore examine caregivers' perceptions of their job.

The majority of caregivers began providing family day care services for one of two reasons. Approximately 40 percent of the caregivers were approached by someone else (including friends, neighbors, or a sponsoring agency) and asked to take care of children.* One caregiver said that, "My friend wanted to go to school, so I started taking care of her kids." The second reason, given by 38 percent of the caregivers surveyed, was that they had young children of their own needing care. This ranged from instances of a mother with her own children who said she "decided to stay home with my baby and earn some money at the same time" to a relative who said, "First I used to take care of my grandchildren and I enjoyed them so much I decided to start taking care of other people's children."

Thus the demand for family day care services--the caregiver's own, a friend's, a neighbor's or a relative's--creates new caregivers. However, the typical caregiver does not start out from a business perspective, from the sense that there is a market for day care in the community. She is more likely to be persuaded to care for children by a friend or relative. Only 8.1 percent of caregivers cited community need as a factor.

Some caregivers said that they had always loved children and/or had always worked with them so the provision of child care services seemed natural (26.6%). And although caregivers, and especially beginning ones, generally earn very little money from providing child care, 22.4 percent said they began taking in children because of the extra money they could earn. Still others responded that they had nothing else to do, or that they wanted to work but preferred to remain at home.

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*Note that a provider could cite more than one reason, hence the sum of percentages exceeds 100 percent.

* * *

Mrs. Gonzalez resides in a predominantly Mexican-American neighborhood in Los Angeles County. At age 52, she lives with her husband in a two-bedroom apartment. Her three children, two boys and a girl, are grown but still live in the area. Mrs. Gonzales used to work part-time to supplement her household income, and in her extra time she spent as much time as she could with her daughter's first child. It was this relationship that started her off in the child care business--her daughter got a full-time job, and suggested that if she took care of other children, she could spend a lot more time with her granddaughter and still earn an income. The idea appealed to her.

Mrs. Gonzales told us that she took care of three children. Of the three, one is her granddaughter, who is an infant of 9 months; the second is her niece, who is 14 months old; and another is an unrelated child who is two-and-one-half months old. Although she has been taking care of children for five months, Mrs. Gonzalez has never heard of the child care licensing requirements nor the applicable regulations. After a reluctant start in child care, Mrs. Gonzales thoroughly enjoys the time spent with the children and is very dedicated to her tasks. When asked if she did anything special for the children in her care, she responded. "I treat them as I would my own: I cradle them in my arms and often rock them to sleep; and I give them all my attention when they are here."

* * *

Joan Evans, a White woman, is 34 years old. Her two sons are in junior high now and don't need her care as they did when they were small. "I was bored," she says. "I wanted to work at home and be home when my children came back from school." Now she takes care of seven children whose parents work--six full-time and one after school. She works a ten-hour day and doesn't have time to be bored. Mrs. Evans takes care of a 9-month-old infant, a one-year-old, a 17-month-old toddler, 2 3-year-olds and a 4-year-old. The four-year-old's sister, who is in second grade, comes to Mrs. Evans's home every day after school. Their mother picks them up there at 5:15.

Mrs. Evans gets a lot of help from her family. Of her sons, she says, "They always wanted a little brother or sister and now there's a lot of kids around." Between her husband and her children, she estimates that she gets 15-20 hours of help with the day care children each week. They help out with just about every aspect of taking care of small children.

When she heard about licensing from a friend who works for the State, Mrs. Evans applied because she didn't want to take care of other people's children illegally. Though she likes family day care in general, she does add, "Sometimes I get tired of just seeing three-year-olds. I'd like to talk to another adult just to keep my sanity."

* * *

Despite the varied reasons for starting to provide care, most family day care providers feel that their job is permanent rather than temporary. Across sites, three-quarters of providers interviewed did not intend to change jobs or stop working. Not surprisingly, sponsored and regulated providers, who have taken the trouble to become certified, most often think of their job as permanent. Almost 50 percent of the unregulated caregivers, on the other hand, are providing care on a short-term basis and see a time or circumstance when they will stop.

Among caregivers who indicate that their work is permanent, the most frequently cited reason is that they like providing family day care and thus have no plans to change their work (68%). Another one-quarter of the caregivers said they liked the family day care arrangement because they enjoyed being able to work at home. Notably, very few providers said that they would continue providing child care because it was a good source of income (15%).

Nor was the large demand for child care services often cited as the reason for a permanent commitment. In sum, the primary reason most caregivers wish to continue providing child care is because they like it and are satisfied with it.

In fact, even those caregivers who think their careers as providers are limited rarely specifically cite job dissatisfaction as an explanation. Rather, these women most often cite the needs of their own children or family. For example, many caregivers state that they will stop providing care when their youngest child enters first grade. Another sizeable fraction indicate that their desire to work outside the home may cause them to shift jobs; some others cite the unsteadiness of the work and inability to constantly replenish their enrollment.

Not surprisingly, the older, more experienced caregivers with larger homes are more likely to perceive of their job as permanent. Caregivers who rely on the money derived from the provision of child care services are also more likely to think that they will continue providing child care for quite some time. In essence, these caregivers have a stronger professional commitment to family day care as an occupation, and thus do not see any reason why they would stop their involvement in it.

It is interesting, however, that there does not appear to be a consistent relationship between the reasons for becoming a caregiver and the perception of the job as temporary or permanent. That is, whatever the reason a caregiver entered the profession, she is equally likely to perceive her job as temporary or permanent. This is probably because very few caregivers feel their work is temporary: there is not enough variation in this measure to draw an association between it and the reasons for becoming a family day care provider. Although there may be a connection between motivation and role perception in family day care, interview items designed to address this relationship found little variation in either of these domains. Most family day care providers interviewed entered the profession because either they themselves or a friend needed the service; now that they have been providing care for some time, most see it as a permanent arrangement.

5.5.2 Caregiver Preferences for Enrollment

Analyses of enrollment described in earlier sections of this report have focused predominantly on the actual group size found within individual family day care homes. Indeed, only through such thorough analysis of prevailing characteristics can any insight be gained into how caregivers actually structure their family day care group. However, this is not the only means of examining the structure of homes. Instead of looking at what caregivers actually have, one can examine what they would prefer to have--that is, what constitutes their ideal family day care group.

Across sites, caregivers would prefer to take care of approximately two more children than they presently do. Not surprisingly, preferred group size is positively correlated with actual group size and negatively correlated with the number of a caregiver's own children under seven. In essence, the fewer children a caregiver has of her own, the more children she actually enrolls, and the more children she would prefer to enroll. Notably, there does not appear to be a ceiling effect on these relationships; even caregivers caring for eight or nine children would like to add an additional pair to their home. Thus, within the constraints dictated by their own children, caregivers across a broad range of enrollment levels feel that they can handle more children.

Because both actual enrollment and the number of caregivers' own children under seven vary substantially by design cell, and preferred enrollment is highly correlated with each, it is not surprising that preferences, too, vary significantly across ethnicity and the regulatory status of the home. Hispanic providers, who tend to have smaller homes in general, have correspondingly lower enrollment preferences than their non-Hispanic counterparts, but still prefer two more children in the home. Although Black and White caregivers have approximately the same average enrollments across sites, preferred increases for the two groups are remarkably dissimilar: the average White provider would only like to increase her enrollment by 1.2 children; the average Black provider, in contrast, would like to add almost three children to her home. Thus, although no provider group appears to be meeting preferences for enrollment, White providers appear to be closest.

This ethnic difference in preferred enrollment in relation to the number of children already enrolled in the home may be explained by a variety of factors. First, recall that Black caregivers, in general, rely on caregiving as a source of household income far more often than their White and Hispanic counterparts. As a result, they would be most likely to want to increase their enrollment so that they can earn more money. And indeed, this result is borne out in subsequent analyses; caregivers who rely on family day care for a substantial proportion of their total income tend to have higher enrollment preferences than those who do not.

Enrollment preferences also vary significantly by the regulatory status of the home. Controlling for the correlation between enrollment and preferences, however, this variation becomes nonsignificant. That is, controlling for the fact that sponsored homes tend to be larger and unregulated homes smaller, the variation in preferences across these homes becomes negligible. Site, too, was found to be an unimportant dimension in the determination of preferences. Thus, above and beyond the influence of present enrollment, only ethnicity remains an important differentiator of provider preferences.

Variations in preferences were also noted for a variety of caregiver characteristics, most notably for years of family day care experience. However, most of the relationships between preferences and caregiver characteristics disappeared when controlling for group size. Caregivers' qualifications and background characteristics do not therefore appear to play a key role in determining their notions of the structure of the ideal family day care home.

5.5.3 Caregiver Attitudes

Of all the provider characteristics described in this report, their attitudes towards and behavior with children together constitute the most crucial determinant of the character of the day care environment. Homes may differ along a variety of dimensions such as enrollment, age composition and provider education and experience, as well as in the amount of toys, space or light available to children, but it is ultimately the caregiver who shapes the experience an individual child has in her home. And of all the possible determinants of her behavior with children, her attitudes towards caregiving and children, as well as the types of behaviors she deems important and/or appropriate for children of various ages, are most likely to influence her interactions with children.

Although this area of inquiry was not addressed in Phase II, revisions were made to the caregiver interview for Phase III to obtain interview data on constructs derived from SRI's behavioral observations. Twenty-seven attitude items asked for caregivers' views on the social and educational organization of the family day care environment, the importance of various stimuli for children, the importance of adult supervision and the administration of disciplines. Possible responses to these items were: strongly agree, agree slightly, neither agree nor disagree, disagree slightly and stongly disagree.*

Research efforts do not typically use the interview process as a source of data on behavioral constructs. No causal link has been established between expressed attitudes and observable behavior. The NDCHS did not therefore rely solely on such methodology, because there is no way to validate the attitudes expressed in interviews with what transpires in the family day care home. These attitude scales were included to supplement observations of caregiver behavior--not replace them. Measures of caregiver behavior and caregiver philosophy/attitudes have therefore been developed separately. Caregiver behavior measures are addressed in detail in the SRI Final Report; an analysis of the attitude scales is presented here. These two domains are integrated in Chapter Eleven to provide a rich description of the family day care environment.

Caregivers were relatively homogeneous in their responses to many of the attitude scale items; for 12 of the

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*These 27 attitude scale items, adapted from the Maternal Attitude Scale,[6] were also administered to parents interviewed by CSPD in Phase III. Analysis of these data was conducted in tandem with data for caregivers. The relationship between caregiver and parent attitudes is addressed in Chapter Eleven, "Integrated Analyses."

27 items, more than two-thirds of the caregivers expressed the same level of agreement (See Table 5.12). The greatest degree of consensus was found concerning issues of affection and discipline. For example, three-quarters of the caregivers agreed strongly with the statement, "Children should be held and hugged often just because it makes them happy." Eighty-seven percent agreed that the best way to handle young children when they do something wrong is to discuss the situation with them, and 55 percent disagreed with the statement, "Two-year-olds should be spanked for misbehaving because that is how they learn."

Greater variability was found in areas concerning the amount of adult supervision or the content of adult teaching. Caregivers were almost equally distributed across the five possible response categories for the item "The best thing an adult with a group of children can do is let them play together without interfering in their activities." Likewise, although there was a tendency for caregivers to agree that learning songs and dancing are more enjoyable activities for children than learning how to count or read, a substantial fraction of caregivers (30%) disagreed to some extent with this notion. Thus, within the confines of generally held opinions on child-rearing, caregivers appear to span a broad range of philosophies and opinions.*

Analyses of responses to individual items, as presented above, only scratch the surface in developing an

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*Notably, very few caregivers selected the middle category "neither agree nor disagree," for any item, suggesting that caregivers have rather distinct views on the subjects addressed in the attitude scale.

Table 5.12

Caregivers' Responses to Attitude Scale Items

	Agree Strongly	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Disagree Strongly
1. Two-year-olds are too young to have a story read to them.	7.5%	4.2%	2.7%	17.5%	68.2%
2. Small children should be allowed to help in the kitchen because that is how they will learn.	31.4%	22.9%	7.6%	10.3%	27.8%
3. Protecting two-year-old children from harm is more important than letting them explore.	53.4%	13.5%	6.3%	19.3%	7.6%
4. It is never too early to start teaching a child to do things.	79.8%	11.2%	1.8%	4.5%	2.7%
5. It is important to children that adults participate in games and play with them.	76.7%	15.2%	2.2%	4.9%	0.9%
6. Children should be held and hugged often just because it makes them happy.	74.4%	13.9%	3.6%	5.4%	2.7%
7. It is important to keep two-year-old children clean and neat.	49.8%	19.7%	3.6%	14.8%	12.1%
8. An adult taking care of preschool children should teach them things that will be useful in school.	68.9%	20.7%	5.9%	3.2%	1.4%
9. Children are only as curious about the world as adults encourage them to be.	52.3%	16.7%	6.3%	11.7%	13.1%

Table 5.12 (Continued)

	Agree Strongly	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Disagree Strongly
10. Children are much happier if adults leave them alone to play.	15.3%	28.4%	9.9%	30.6%	15.8%
11. It is more fun for two-year-old children to play with older children than to talk or play with adults.	38.3%	26.1%	14.0%	16.7%	5.0%
12. The most important thing that children have to learn is to obey adults.	49.8%	17.5%	5.8%	13.9%	13.0%
13. Children can easily become spoiled with too much affection from adults.	42.2%	16.6%	2.2%	11.2%	27.8%
14. Little children should be encouraged to ask a lot of questions.	64.1%	20.2%	4.0%	9.4%	2.2%
15. It is important that caregivers plan activities for the children almost every day.	42.2%	24.7%	8.5%	17.0%	7.6%
16. The best thing an adult with a group of children can do is let them play together without interfering in their activities.	16.2%	23.4%	10.4%	27.0%	23.0%
17. It is more important to teach two-year-old children to share and cooperate with others than to teach them letters and numbers.	65.5%	17.0%	7.2%	8.1%	2.2%
18. The best way to handle young children when they do something wrong is to discuss the situation with them.	68.6%	17.9%	2.7%	8.5%	2.2%

Table 5.12 (Continued)

	Agree Strongly	Agree Slightly	Neither Agree nor Disagree	Disagree Slightly	Disagree Strongly
19. Two-year-old children cannot understand very much of what is said to them.	11.2%	13.0%	3.1%	17.5%	55.2%
20. A caregiver should take some time each day for activities with children which will teach them something useful.	77.5%	14.4%	3.2%	4.1%	.9%
21. Learning songs and dancing are more enjoyable activities than learning how to count or read.	36.3%	19.3%	14.4%	15.2%	14.8%
22. Adults should arrange for two-year-old children to paint and play with other art materials as often as possible.	46.4%	27.9%	7.7%	11.3%	6.8%
23. For the most part, children can take care of themselves without any interference by adults.	7.2%	12.1%	3.6%	18.8%	58.3%
24. The earlier subjects like colors and numbers are taught to children, the better children will do in school.	63.7%	16.6%	7.2%	6.7%	5.8%
25. Two-year-olds should be spanked for misbehaving because that is how they learn.	14.0%	19.8%	8.1%	14.0%	44.0%
26. Two-year-old children should be fed on a regular schedule even if they want to eat at different times each day.	50.2%	22.9%	4.9%	13.0%	9.0%
27. The questions young children ask are often ridiculous and do not need to be answered.	4.5%	4.0%	1.8%	11.7%	78.0%

understanding of caregiver attitudes. To refine this knowledge further, it is necessary to investigate the relationships among the responses to various items. Toward this end, the data were examined for an underlying structure through the use of simple correlations, factor analysis and principal components analysis.

All 27 items were entered into a principal components analysis. Four factors (comprising 18 of the items) accounted for 45 percent of the variance in caregiver responses. Based upon these initial results, additional analyses were conducted within sites, within ethnic groups, alternately including and excluding selected items, and comparing results for caregivers and parents; in all instances, the basic factor structure remained the same. Most of the items that did not enter into any of these four factors had extremely low variance; other items were not correlated with any of the remaining items and thus were also excluded from the final factors. In addition, some items with moderate loadings were excluded on the basis of either their patterns of simple correlations (i.e., they did not fit into the factor) or their content (i.e., they did not substantively relate to the factor).

Items entering into each of the four final factors are presented in Table 5.13. Each factor has been labeled based upon a simple interpretation of the meaning of the items included. It must be stated, however, that the actual meaning of factors cannot always be encapsulated into a short title; thus, interpretations of the meaning of these factors must be made with the individual constituent items in mind.

Factor 1 was the strongest of all factors. Originally it was treated as a single factor, but based upon

Table 5.13

Items Included in Factors for Caregiver Attitudes Based Upon Principal Components Analysis

Factor 1		Factor 2	Factor 3	Factor 4
Factor 1A	Factor 1B			
AUTHORITARIAN ROLE	IMPORTANCE OF USEFUL TEACHING	ADULT NON-INTERFERENCE	CHILD SELF-EXPRESSION	IMPORTANCE OF THE SOCIAL ENVIRONMENT
3. Protecting two-year-old children from harm is more important than letting them explore	8. An adult taking care of preschool children should teach them things that will be useful in school.	10. Children are much happier if adults leave them alone to play.	18. The best way to handle young children when they do something wrong is to discuss the situation with them.	17. It is more important to teach two-year-old children to share and cooperate with others than to teach them letters and numbers.
7. It is important to keep two-year-old children clean and neat.	20. A caregiver should take some time each day for activities with children which will teach them something useful.	16. The best thing an adult with a group of children can do is let them play together without interfering in their activities.	22. Adults should arrange for two-year-old children to paint and play with other art materials as often as possible.	21. Learning songs and dancing are more enjoyable activities than learning how to count or read.
12. The most important thing that children have to learn is to obey adults.	24. The earlier subjects like colors and numbers are taught to children, the better children will do in school.	23. For the most part, children can take care of themselves without any interference by adults.		
13. Children can easily become spoiled with too much affection from adults.				
25. Two-year-olds should be spanked for misbehaving because that is how they learn.				

both correlational and content analyses of the items it became clear that there were two separate components. Factor 1A, which is clearly a function of whether or not a caregiver views her role to be authoritarian, includes items such as "The most important thing that children have to learn is to obey adults" and "Children can easily become spoiled with too much affection from adults." Factor 1B, which is composed of such items as "The earlier subjects like colors and numbers are taught to children, the better children will do in school," obviously related to the importance of teaching skills and concepts.

Items in Factor 2 all deal with the amount of supervision a caregiver feels children require. Caregivers with a high score on this factor would be expected to let children alone for a large portion of the day; those with low scores would be expected to have a much stronger tendency to interact with and direct children.

The two items in Factor 3 had very high loadings; however, the similarity of content is not immediately clear. Each of the statements is broadly supportive of children's self-expression, although in entirely different areas. Item 18, the first component, focuses on how to deal with children when they do something wrong, whereas Item 22 concerns the facilitation of painting and other forms of art. Thus the meaning, and hence the utility, of this factor is in doubt.

Finally, Factor 4 is composed of two items, both of which stress the importance of social learning over more academic learning. Thus, caregivers loading high in this dimension would be expected to facilitate more cooperation and play, and those with lower scores would be expected to spend more time actually teaching.

Table 5.14 gives the correlation matrix for the caregiver factors. Factors 1A and 1B are of course highly correlated because they were originally part of a single principal component. However, Factors 1A and 1B have a different pattern of relationships with the remaining factors. In particular, Factor 1B and Factor 3 are strongly related. The reasons for this relationship are not very clear. Perhaps it is attributable to an underlying notion on the part of the caregivers that they should be actively involved with the children in their care.

Table 5.14

Correlation Matrix for Caregiver Attitude Factors

	Factor 1A	Factor 1B	Factor 2	Factor 3	Factor 4
Factor 1A	1.00				
Factor 1B	0.55	1.00			
Factor 2	0.18	0.04	1.00		
Factor 3	0.05	0.30	0.08	1.00	
Factor 4	0.06	0.00	0.10	0.03	1.00

Not surprisingly, caregivers vary substantially across each of these factors, from complete agreement with all of the items to complete disagreement. It is interesting that ethnic differences account for a sizeable fraction of this variation; however, with the exception of one factor, these variables remain remarkably stable across sites and regulatory status of the home.

The major distinction that can be made among provider groups based upon these factor scores is between White and non-White caregivers. In general, White caregivers are more likely to feel that adults should play an authoritarian role (Factor 1A), that children should be taught useful skills and concepts (Factor 1B) and that children should be encouraged to express themselves (Factor 3) than do their non-White counterparts.

It is also interesting to note that there was a tendency for unregulated caregivers to stress the importance of the social environment and for regulated and sponsored providers to stress the educational environment (Factor 4). This last finding takes on special importance when viewed in conjunction with other interview data as well as the caregiver and child observation data, which show that regulated care, and especially sponsored care, provides a more formal day care setting modelled in part on center care. Unregulated care, on the other hand, is generally informal and more like a home setting.

In sum, then, through the use of a 27-item attitude scale, it was possible to establish four distinct dimensions which can be used to classify providers according to their philosophy about children and child-rearing. These domains concern the degree of adult interference/interaction with children, mode of discipline, the social or educational focus of the home and the degree to which children are encouraged to express themselves. White and non-White providers were found to hold distinctly different philosophies and, moreover, there was a tendency for unregulated caregivers to stress social learning while regulated and sponsored caregivers stressed more educationally focused learning.

5.6 Caregivers as Community Members

A description of home characteristics, such as that presented in previous sections, can only provide a limited view of family day care as it is practiced today.

To develop a broader understanding of the scope and shape of child care services, it is necessary to supplement this information with contextual data depicting the place of the family day care home in the larger community. To this end, case studies were conducted in each of our three study sites--Los Angeles, Philadelphia and San Antonio--to provide qualitative information needed to complement the more quantitative data collected through observations and interviews.

This is not, however, the only technique available for gathering contextual data on family day care and its role in the community. Although state and local officials, child care advocates, staff of organizations providing child care training, staff of sponsoring agencies and community leaders provide one perspective on the role of family day care in the community, a distinctly different perspective can be gained through interviews with the providers themselves. Questions about the caregiver's neighborhood, her role in the community and the extent to which she feels isolated from or integrated into that community were therefore included in the NDCHS caregiver interviews. Combining this information with that collected during the site case studies provides an even richer description of family day care as a community service; this information is the focus of this section. Section 5.6.1 describes how long caregivers have lived in their neighborhoods as well as the characteristics of those neighborhoods. Next, the degree of involvement caregivers have in community activities is discussed (Section 5.6.2). The extent to which caregivers are used as a community resource (e.g., for advice on child care or referral to child care services) is presented in Section 5.6.3. We conclude with an examination of caregiver isolation and the interaction between family day care providers and the community at large (Section 5.6.4).

5.6.1 Neighborhood Characteristics

The three NDCHS sites--Los Angeles, San Antonio and Philadelphia--represent three distinct geographic areas of the country, with their associated socioeconomic patterns. Within each city, implementation of the study design involved the selection of several target communities chosen to span the wide spectrum of family day care services. The 793 study homes selected across all sites therefore encompass a broad range of social, economic and cultural characteristics, as shown both in earlier chapters and in the Site Case Study Report.

The length of time caregivers interviewed in the NDCHS had lived in their neighborhood reflects to a large extent the demographic characteristics of each of the three study sites. As shown in Table 5.15, providers in San Antonio and Philadelphia have lived in the same neighborhood approximately three years longer than have those sampled in Los Angeles. As Los Angeles is a much newer city than either San Antonio or Philadelphia and one whose population is much more in transition, this difference in neighborhood stability for caregivers is not surprising.

Table 5.15

Median Number of Years in Neighborhood
(By Ethnicity and Site)

	Los Angeles	San Antonio	Philadelphia
White	6.0	7.0	9.2
Black	12.0	12.8	10.0
Hispanic	7.0	12.5	-
	7.0	10.0	10.00

It is interesting that although no consistent differences in the length of time a caregiver has lived in her neighborhood emerged by the regulatory status of the home, substantial variations in stability by ethnicity were found. Across sites, White providers have lived in their current neighborhoods for a much shorter period of time than their Black and Hispanic counterparts, a difference of as much as five years between the White and Black caregivers under study. This difference is probably due to the fact that our sample of White caregivers is considerably younger than other caregivers, and younger adults are generally more prone to changes in residence. Another contributing factor might be the higher incomes of the White population, both in our sample and nationally, and the greater mobility that generally accompanies such an income level.

The pattern of ethnic differences, however, is not entirely consistent from site to site. In Los Angeles and San Antonio, the difference between White and non-White providers is rather large; in Philadelphia, on the other hand, it is almost negligible. These variations are probably attributable to two factors. First, a large proportion of White migration in this country during the last decade has been movement to the sunbelt areas of the Southwest; thus, one would expect to find the larger difference in length of time in residence between Whites and non-Whites to be concentrated in these areas, as we have. Second, Philadelphia is a much older city than the other two cities, and one with many ethnically distinct and well-established neighborhoods. One would therefore be less likely to find an ethnic difference in neighborhood stability here because of the entrenchment of ethnic groups.

Among Hispanic providers, differences were also found in stability across sites. Those interviewed in San Antonio have lived in their current neighborhood for almost five years longer than their counterparts in Los Angeles, reflecting the well-established character of San Antonio's Hispanic community and the fact that the Hispanic migration to Los Angeles has been relatively recent.

Despite this considerable variation in neighborhood stability, as well as the previously mentioned social, cultural and economic differences known to exist among our provider groups, most caregivers hold remarkably similar views of their neighborhoods. Citing such characteristics as good neighbors and good schools, the large majority of caregivers in each site feel that their community is a positive environment in which to raise children. Thus, although resources, facilities and physical characteristics may vary considerably, perceptions of the social climate are relatively stable across neighborhoods.

5.6.2 Community Involvement

In our interviews with state and local officials as well as staff from social service agencies, the overriding feeling was that family day care providers are an invisible sector of the day care community. In San Antonio and Philadelphia, for example, despite the fact that there are many child care advocacy groups focused on center care, no formal or informal organizations represent family day care providers. Los Angeles, too, is characterized by a heavy emphasis on group care (both subsidized and non-subsidized). To some extent, such orientation is due to the historical development of state policies which favor centers rather than family day care to fill subsidized child care slots. Further, the child care community in each site may be dominated by the presence of organized center providers, who may resent family day care providers because they are not required to adhere to the more stringent licensing requirements that centers must meet. Yet our interviews with providers suggest that despite their limited involvement in day care advocacy, they are not only visible but constitute a rather active segment of the community.

Across sites, almost two-thirds of the family day care providers interviewed described themselves as involved in their communities, most often through the schools or church. However, the number of actively involved providers is substantially higher in San Antonio and Philadelphia than in Los Angeles. This difference may exist because Los Angeles is a newer city with less established neighborhoods and hence weaker community bonds. Thus, we might expect that these caregivers are less likely to involve themselves with community activities because they feel less community spirit.

Despite the fact that most caregivers report that they are active in their communities, very few are involved in social or political organizations. Nor are many involved in children's activities such as Boy Scouts or Girl Scouts. Thus, although caregivers are active members of their community, the mode of participation is predominantly through churches, and sometimes through school affiliations.

5.6.3 The Caregiver as a Community Child Care Resource

Although not actively involved in the social service network of their communities, family day care providers still maintain a key position as a child care resource in their area. Indeed, most caregivers are approached at some time either to provide child care or to act as a referral source to someone who can provide such services. In addition, many providers act as a neighborhood "expert" on children because of their child care experience, and dispense advice to neighbors, friends and relatives.

Caregivers indicate that they are contacted about providing child care services approximately one to four times each month. Regulated caregivers are contacted the most frequently of the three provider groups, through their connection with the licensing or registration agency; unregulated caregivers, who have little or no access to formal referral mechanisms, are contacted least often. Sponsored providers are also contacted relatively infrequently because the sponsoring agency acts as a clearinghouse for requests for child care and there is little or no need for sponsored providers to be contacted directly. An exception to this pattern is found in Los Angeles, where many affiliated providers can take in additional children not referred through the system; these providers therefore make use of licensing lists and resource and referral agencies, and are contacted more often than their counterparts in San Antonio and Philadelphia.

When asked what they do if they themselves are unable to meet a request for child care (San Antonio and Philadelphia only), almost half of the caregivers reported that they provide no further assistance in placing the child. Sponsored caregivers are most likely to offer further assistance (only 35% do not); in most instances, however, the parent is referred back to the sponsoring agency. Notably, 50 to 60 percent of independent providers lend no further assistance to parents, and under these circumstances parents are left with no obvious recourse.

Some providers supply parents with the name of another caregiver when they themselves can not enroll the additional child. This segment (20%) of the total NDCHS caregiver population consists mostly of regulated providers, but a few unregulated and sponsored caregivers also provide such help. One-quarter of the providers interviewed refer parents to community resources. Not surprisingly, sponsored providers, who are most closely linked with the network of child care and other social service agencies in the community, are twice as likely as independent providers to give parents the name of a day care center, preschool program or child care information group. Thus, sponsored providers tend to refer parents whose needs they can not meet to organizational resources in the community, whereas independent providers, who have less contact with these organizations, rely more on personal contacts.

Almost half of the caregivers interviewed indicate that people sometimes ask them for advice about bringing up children or about child care. As might be expected, the parents of children in care ask providers for advice somewhat more often than do the provider's neighbors; two-thirds of the caregivers report that parents turn to them for various types of information. Thus, in a sense, the family day care provider takes on the role of a child care resource in her commmunity.

5.6.4 Caregiver Isolation

Caregiver isolation involves two related concepts: isolation from the child care community and simple isolation of the caregiver from other adults. Very few people would argue that family day care providers are not isolated from the greater network of social service agencies; with the exception of sponsored caregivers, who are affiliated with an agency, most women providing child care do not integrate themselves into the child care community. As a result, these providers may be unaware of many child care training opportunities, referral services and other support services available to child care professionals. Indeed, this point was emphasized time and time again in our interviews in the day care community, conducted as part of the site case studies. In interviews with caregivers, we also found that they did not know of nor make frequent use of such assistance. Thus, results of the NDCHS confirm the generally held notion that family day care providers are isolated from the child care community.

Isolation from other adults, however, is a different matter. The typical image of the family day care provider is that of a woman home alone with two, three or four children, isolated from even the briefest contact with adults, let alone with access to any aid or assistance. As shown in Chapter Four, caregivers rarely have a regular helper who comes in every day to help them with the children. In most instances, however, caregivers do have social contact with other adults during the day, and for the most part, are satisfied with this amount.

Almost one-half of the caregivers interviewed in the NDCHS report that when caring for day care children, there are times that they feel the need to talk to another adult or would like some adult company. One-third of those interviewed, however, feel that the day care children are plenty of company, and did not feel such a need.* Thus, there does appear to be a general need for adult contact by family day care providers.

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*It is interesting that twice as many White providers as Black or Hispanic providers expressed this need. Although there is no immediately apparent explanation for this pattern, it seems that this is most likely to be a function of social class differences and views on children in these communities.

However, two-thirds of the providers interviewed indicate that they are able to spend time during the day with friends, neighbors or relatives, either in person or on the phone. Sponsored providers are far less likely to report such contact (only 20-30%) than either regulated or unregulated providers. It seems likely that these affiliated caregivers are concerned about agency monitoring and also have a more professional attitude towards their work; they may feel obligated not to spend time with other adults while they are working. Moreover, these caregivers typically have some contact with social workers or other staff from their sponsoring agencies, and thus may not feel as acute a need for other adult contact. Sponsored caregivers do not therefore appear to be particularly isolated from contact with other adults.

To highlight this result further, it is interesting to note that the vast majority of caregivers are satisfied with the amount of adult contact they have. Across study sites, approximately 80 percent of caregivers interviewed did not express a need for more adult contact than they already have. This degree of satisfaction did not vary significantly across the regulatory status of the home; thus, even those sponsored caregivers with very little adult contact did not express any problems in this regard.

In sum, then, although family day care providers appear to be isolated from the child care community at large, they do not appear to be isolated from other adults. Most who feel the need to have adult contact or company during the day are able to satisfy that need; only a small fraction of those caregivers interviewed expressed the desire for more adult contact. Thus, although caregiver isolation from referral services, child care training and other support services is evident, the simpler issue of isolation from other adults appears to be a far less widespread problem.

Chapter 6: REGULATION AND SPONSORSHIP IN FAMILY DAY CARE

The last two chapters have focused on two of the primary participants in family day care--the child and the caregiver. Only through an understanding of their characteristics can a broad portrait of the home environment be created. To understand fully how a home is structured and how a caregiver establishes a family day care home, one must also take into consideration the state and federal regulations that govern family day care homes, as well as affiliation with a family day care system.

Our discussion opens with an examination of the regulatory environment and its relationship to the caregiver and family day care home (Section 6.1). This section outlines federal regulations and the different regulatory systems in effect in each site, and reviews the issue of the appropriateness of regulating family day care. This section complements the presentations on the role of regulation in the Site Case Study Report (Volume VI of the NDCHS Final Report). In Section 6.2, we describe caregivers' adherence to state and federal regulations.

Section 6.3 examines the role of sponsoring agencies (family day care systems) vis-a-vis regulatory agencies, affiliated providers, and the children and families served. (These issues are treated in much greater detail in the Family Day Care Systems Report, Volume V of the NDCHS Final Report.) Finally, Section 6.4 presents the feelings of providers--regulated, sponsored and unregulated--about both current regulation and governmental intervention in child care services.

6.1 The Regulatory Environment

To speak of the regulatory environment of family day care in this country is to refer to a vast melange of regulations and the state of their enforcement. In addition to federal standards (the Federal Interagency Day Care Requirements) that govern the day care purchased under Title XX of the Social Security Act, typically in sponsored homes, most of the 50 states have their own laws governing the licensure of family day care homes. Moreover, the content of these laws differs dramatically across states. Some states, such as Maine, do not license homes with fewer than three children; others require licensing for anyone caring for even one nonrelated child. Regulations vary across states, but may include restrictions in the ages of children providers are allowed to accept, the number of hours the children are in care, or the number of helpers required if more than a certain number of infants are present. Thus there is no single set of guidelines governing all family day care homes; as a result, any discussion of regulation must be tempered by an understanding of the laws applicable in a particular area.

An understanding of the laws themselves, however, cannot provide enough information for a complete profile of the regulatory environment, for the enforcement of such regulations is a complex matter. Sheer numbers of family day care homes and lack of licensing personnel usually preclude any comprehensive attempt at enforcement. Some states concern themselves officially only with homes receiving Title XX funds or other government monies, although most license only those caregivers who initiate a request for licensed status. The implementation of regulations is thus another important part of the regulatory picture, and any discussion of regulation must take into account the level of enforcement.

Yet a third issue is important to a comprehensive picture of the variation in the regulatory environment from state to state--the mode of regulation. Most states simply issue licenses to applicants who meet certain standards established by the state. A licensing worker typically visits the home, certifies that the necessary criteria have been met, and the caregiver receives a license. However, in certain states, a different mode of regulation is emerging. Under this approach, labelled registration, caregivers themselves declare that they meet established standards, and a few homes are spot-checked for compliance. In the NDCHS, we sampled not only sites with traditional licensing (Los Angeles and Philadelphia) but also included a site in Texas, a state which has pioneered the use of registration for family day care providers.

Although family day care is probably the oldest form of nonparental child care, for most states it remains the thorniest to regulate. Child care regulatory officials and students of regulation have been engaged in a continuing debate on the pros and cons of the traditional licensing approach to family day care. Many objections to licensing are based on practical considerations, such as the high cost to the state of maintaining adequate staff to license and monitor the enormous number of family day care homes in operation, a problem exacerbated by the high turnover rate among these homes.

Such practical constraints raise issues of principle. For example, coupled with indifference or resistance on the part of providers, insufficient staffing allows large numbers of family day care homes to operate illegally--that is, without regulation. This situation has the dual effect of unfairly requiring compliance of those few homes that happen to be caught in the regulatory net while the great majority go unregulated; and, perhaps most important, of making licensure a false guarantee of quality. For, if limited agency resources and lack of provider cooperation make it impossible for an agency to adequately monitor licensed homes, then the license no longer serves its purpose of ensuring minimal safety and quality to consumers. Not only has the public agency then been forced to abdicate responsibility, but consumers--the parents of children in care--may not take upon themselves the responsibility for monitoring the quality of care, believing themselves protected by the machinery of licensure.

Another set of arguments against traditional licensing are founded in opposition in principle to the licensing of family day care homes. Licensing of family day care is often seen as an incursion into the privacy of the home--not only unnecessary but also wrong, in that it usurps the rights and responsibilities of families. Moreover, formal licensing may pose a threat to the very home atmosphere of family day care that is its most distinctive feature. Institutionalization such as that imposed by rigid regulation, it is felt, could well take the "family" out of family day care.

A related fear is that formal licensing of family day care will bring with it many other forms of regulation, imposed by other agencies and not always directly related to family day care. Examples of types of regulation which might ride on the coattails of state day care licensing are local zoning laws, state health and sanitation regulations, and local day care licensing. There may well be a strong tendency among family day care providers to avoid such bureaucratic entanglement by avoiding licensing altogether.

Licensing of family day care providers may also aggravate socioeconomic inequalities if licensure is first extended to homes where federal funds purchase care. Homes caring for subsidized children would be subject to regulations not imposed on other homes; at the same time, licensing would effectively be withheld from homes where fees are paid entirely by parents. In sum, licensing, whatever its attendant ills and benefits, would affect the poor much more than it would middle-income families.

Such arguments against traditional licensing formed in large part the basis of Texas' decision to implement the registration of homes on a statewide basis in 1975. As reported in the San Antonio case study, registration increased the number of family day care homes brought under regulation, and decreased costs to the state of monitoring, licensing and administration. The installation of a system of registration also constituted recognition by the state of parents' responsibility for their children in family day care.

Critics of registration point out that the quality of care and the protection of children in family day care homes are highly variable under registration nationally. Even in Texas' system which is considered one of the best registration models in the nation licensing officials rarely monitor family day care homes or provide technical assistance or consultation. Although registration as practiced in Texas seems eminently more successful than the licensing practices which preceded it in bringing unregulated homes under regulation, this approach has not yet adequately provided the support services associated with quality care. Nonetheless, the Texas Department of Human Resources feels that registration is practical, cost-effective and places the onus of monitoring the quality of the service where it should be--on the parents. And as found in our caregiver interviews, family day care providers in San Antonio second this sentiment--they feel that registration is at least as good if not better than licensing, both for themselves and the children in their care.

6.1.1 Philadelphia

The agency generally responsible for child care in the Commonwealth of Pennsylvania is the Bureau of Child Development of the Department of Public Welfare. After extensive community input, the Bureau established a single set of regulations covering both facilities receiving public funds and facilities not receiving public funds. These new regulations, issued April 4, 1978, cover center day care and family day care, as well as day care services for children with disabilities. Licensing is done through DPW's regional offices. For independent homes--those not attached to any agency--licensure is carried out by regional staff. Independent homes are, in theory, visited initially on application and annually thereafter. Officials at both the state and regional levels expressed frustration at not always being able to conduct the annual visits in timely fashion. All visits to homes are announced; unannounced visits occur only in case of suspected child abuse or neglect. The newsletter from the Bureau of Child Development and the annual, announced re-licensing visit are the only regular communications between the licensed provider and the Bureau. For sponsored caregivers, the state requirements are the same as for licensed providers, but the licensing process is different. Here it is the sponsoring agency which is licensed by the Department of Public Welfare; the homes are then approved by the sponsor to care for children.

The new state regulations disseminated in April 1978 are much more specific than the previous ones. The 23-page booklet describing family day care regulations declares that their objective is to assure safe and healthful care of the child and to strengthen family life. A home is limited to caring for six children, including the provider's own under the age of six, with a further limit of four infants/toddlers (0-36 months). The 90-item standards section of the regulations covers caregiver responsibilities and qualifications, caregiver/child ratio, building and physical site, equipment, program for children, child health, staff health, food and nutrition, and transportation.

The new regulations, however, are only as effective as the level of enforcement with which they are supported. The regional office serving the Philadelphia area does not have the resources to publicize licensing nor does it actively pursue unlicensed homes. For those providers actively seeking a license, the regulations are enforced through an annual visit.

According to a number of state and regional officials, there is no way to penalize anyone for operating without a license. In order to close a home that is violating some part of the regulations, it is necessary to build a case over time. This requires surveillance of the home and a number of visits. There must be clear-cut abuse or neglect of children. The case is then turned over to the Department of Justice, which holds a hearing. If the case is upheld in the hearing, a cease-and-desist order is issued. No home in the region has been closed down in the last several years, according to officials. One state-level respondent observed, "We have closed homes in the past, but have always lost on appeal."

6.1.2 San Antonio

In contrast to Pennsylvania, Texas, as indicated above, uses a registration system to regulate family day care. The Child Care Licensing Act was passed by the Texas legislature in 1975. This act abolished licensing of family day care homes, replacing it with a registration system. It defined a registered family home as:

> ...a child care facility which regularly provides care in the caretaker's own residence for not more than six children under 14 years of age, excluding the caretaker's own children, and which provides care to additional elementary school siblings of the other children given care, provided that the total number of children including the caretaker's own does not exceed 12 at any given time.

The child welfare staff of the Department of Human Resources (DHR) were very supportive of this initiative. They had recognized the limitations of licensing family day care homes, especially given the fiscal constraints under which they were expected to perform. Under licensing, enforcement of regulations was weak. Many providers were not aware of the licensing requirements and, if they were, the standards were often ignored.

The new law greatly simplified the definition of a family day care home and the procedure for "registration." The prospective family day care provider writes or calls the regional licensing office and requests a packet of registration materials. If possible, a local fire and health inspection of the home is required before the home is legally registered. In communities where there are no local fire or health officials, the packet includes a fire and health safety inspection checklist that the caregiver must complete. More often than not, a caregiver never sees a DHR staff member during this entire application process.

DHR describes registration in Texas as a self-certifying system, whereby the provider checks her home against the standards established by the State. The parent--the consumer--in turn is given the major responsibility of seeing that the standards are met. With the exception of a yearly 5 percent random monitoring of family day homes, most providers never see a licensing worker. Unless a family day care applicant requests a visit or DHR receives a complaint regarding a registered home, licensing workers do not visit homes. Both regional and state DHR officials are convinced that registration is effective and working well--even without continuous departmental inspections. Current DHR research casts some doubt on this contention. Their findings indicate that over 90 percent of the homes in their study were violating five or fewer standards.[2] Standards violated most often were fire inspections, sanitation, emergency medical authority, immunization records and family TB tests. Findings of the same research project, however, also indicated that children in registered homes are not being subjected to "unacceptable levels" of risk.

There are significantly more homes now under the regulatory umbrella, and most homes are complying with most standards. As one veteran child welfare worker said, "If we look at it from where we (Texas) come from eight years ago, we've come a long way."

6.1.3 Los Angeles

The strong regulatory environment within which family day care operates in California reflects that state's longstanding commitment to many types of child care programs. In Los Angeles County, family day care homes must be either licensed by county workers or approved by sponsors funded by Alternative Child Care Programs (AB 3059).

In general, the regulations specify three types of family day care homes. A caregiver may care for:

- up to 5 children, 2 of whom may be under the age of 2 years (including the caregiver's children 16 years of age or under);
- up to 6 children between the ages of 2 and 16 years (including the caregiver's children 16 years of age or under); or
- up to 10 children between the ages of 2 and 16 years (including the caregiver's children 16 years of age or under). The applicant in this category must have one helper/aide, and the home would be subject to fire and health codes applied to center facilities.

The licensing process itself is relatively simple. Many counties hold monthly or semi-monthly meetings to familiarize potential applicants with licensing requirements and procedures. Each applicant is then required to submit an application form, a pledge of nondiscrimination, a description of the physical features of the home, a report of physical examination, a report of tuberculosis test, and fingerprint cards for the applicant and her spouse. The applicant is then visited by a licensing worker who examines the home and, in counties where there is no training program, discusses the nutritional, health, and developmental needs of children, financial planning, and methods of dealing with parents. Family day care systems receiving AB 3059 funding can require participating providers to complete the state licensing process or can approve homes themselves, adding or reducing licensing requirements as they deem appropriate.

When all forms have been received, including the results of a fingerprint check by the Bureau of Criminal Identification and Investigation (Department of Justice) in

Sacramento, the licensing worker decides whether or not to issue a license. In some circumstances, when there are already children in a family day care home and there is no obvious reason to deny a license, the county will permit the home to continue operation prior to the issuance of a license. In practice, a license is nearly always issued, because operators who are unwilling or unable to comply with the licensing requirements usually withdraw their application before this point.

6.2 Compliance with Regulations

As the regulations vary from site to site, it is difficult to assess caregiver compliance to the applicable regulations. In each of the three sites there are ratio as well as health and safety requirements. To gather information on adherence to health and safety regulations would have been intimidating and threatening to caregivers. As information was collected on enrollment, it is possible, however, to examine in some detail whether enrollment conforms with federal and state requirements. As discussed in Chapter Four, there are several ways to look at the caregiver/child ratio throughout the day care day. Because enrollment figures closely approximate actual attendance, compliance with regulations is measured through a comparison of enrollment figures and regulatory standards.[3]

As individual states have their own caregiver/child ratios, let us first look at compliance with local regulation. Then, we will compare family day care program ratios to the FIDCR to provide a comparison across all caregivers.

In Los Angeles, regulations are similar to the FIDCR, except that the ratio requirements include all the caregiver's own children under 16 (the FIDCR include caregiver's children under 14). Using the measures for number of enrolled children and number of caregiver's own children, 53 percent of sponsored homes, 23 percent of licensed homes and 22 percent of the unlicensed homes were taking care of more children than allowed by California ratio requirements. This high percentage of sponsored homes exceeds state requirements because many of those homes are exempt from those requirements under legislation of Assembly Bill 3059 (as discussed in Chapter Four). Thus, while these homes appear to be out of compliance, they are, in fact, complying under a separate set of standards. The percentages of licensed and unlicensed homes out of compliance are roughly equal.

In Philadelphia 5 percent of sponsored homes, 27 percent of licensed homes and 26 percent of unlicensed homes are out of compliance. Here, as in Los Angeles, licensed and unlicensed homes are very similar in their level of compliance. There is a marked difference between sponsored homes and the licensed and unlicensed homes, however. This difference is due to the exclusive use arrangements used by sponsors. These arrangements place strict limits on the number of children cared for in family day care homes, and these limits are within the limits set out by state laws.

In San Antonio, the registration system allows for more children to be cared for in a home than in either of the other sites. One would expect, therefore, that compliance would be higher here than in the other sites. Indeed, all of the sponsored homes were within registration limits. As expected, only 18 percent of registered homes and 4 percent of unregistered homes had more children than the registration limits allowed.

Overall, the regulatory system appears to be equally effective in all sites. Sponsored homes generally complied strictly with state regulation, due to the affiliation with and supervision by the sponsoring agency (except in Los Angeles, as discussed). Licensed and unlicensed homes across sites however, were very similar in their level of compliance. The implications of this similarity in size of child care groups, from a regulatory perspective, are quite clear: with respect to group size, caregivers are self-monitoring. In general, caregivers--knowingly or unknowingly--conform to the standards applied within each state.

Looking briefly at the "compliance"* of family day care providers with the group size limits specified under the FIDCR (Table 6.1) provides an interesting comparison of group size across the three sites. It also highlights the differences among regulations in the three sites. Looking first at sponsored care, "noncompliance" with the FIDCR was very low in Philadelphia (23%) and San Antonio (19%). This indicates that sponsors place strict limits on the number of children to be cared for in the home. In contrast, "non-compliance" was very high in sponsored homes in Los Angeles (53%) due to the suspension of federal standards for the programs funded by AB 3059.

Among licensed homes, "noncompliance" tends to be higher; licensed homes tend to care for more children. Of the three sites, Los Angeles had the lowest rate of "non-compliance." This is to be expected for two reasons: first, the regulations there are the closest to FIDCR regulations; in addition, Los Angeles has the strictest enforcement of the three study sites. As the other two sites have more lenient regulations, one would expect a higher level of "noncompliance" with the FIDCR. Many of those providers were still within state guidelines.

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*Note that as the FIDCR are purchasing requirements they do not apply to homes from which the federal government does not purchase care; that is, most regulated and unregulated homes. In the present context the FIDCR are used only as a baseline to compare the relative sizes of family day care homes across sites and not to measure "compliance."

Table 6.1

"Non-Compliance" with FIDCR Ratio Requirements

(N=793)

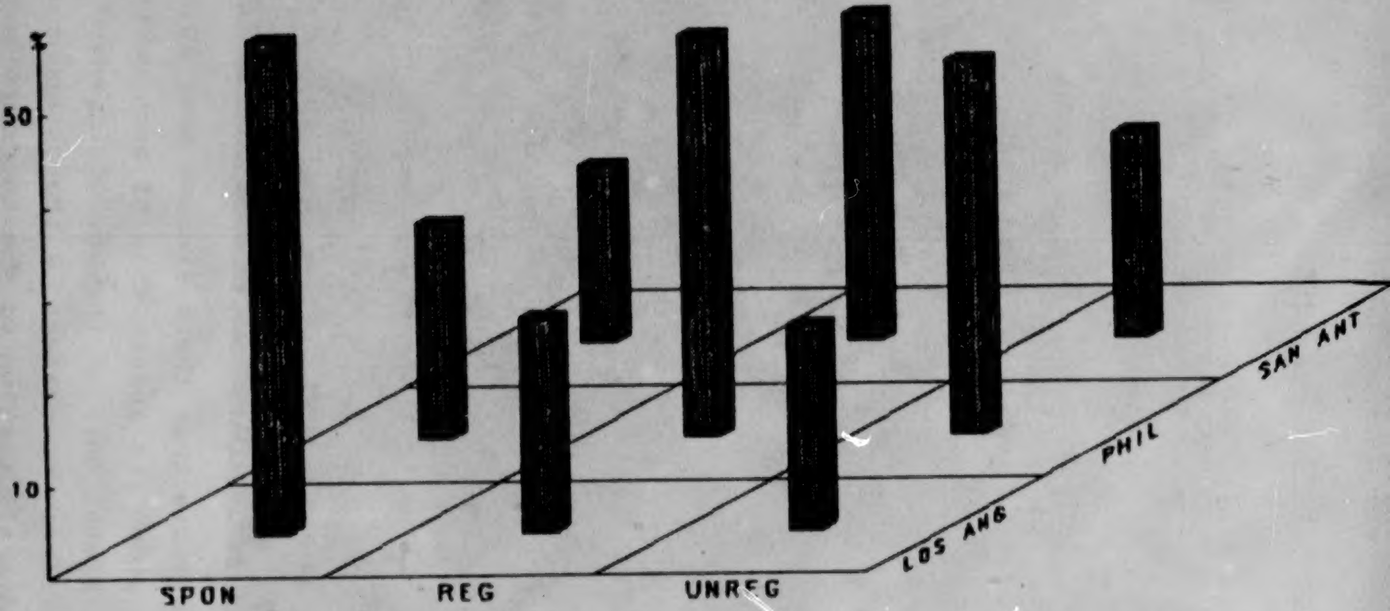
	Sponsored	Licensed	Unregulated	
Los Angeles	53%	23%	22%	29%
Philadelphia	23%	43%	40%	36%
San Antonio	19%	47%	15%	26%
	38%	35%	22%	

The lowest rate of "noncompliance" overall occurs in the unregulated group. The homes in Los Angeles and San Antonio were very small, resulting in very low "noncompliance" rates. This is somewhat surprising since these sites repesent the extremes of regulatory systems. Los Angeles has a fairly strict family day care regulatory system, whereas San Antonio, with registration, represents a fairly loose regulatory environment. In Philadelphia, on the other hand, there was a fairly high level of "noncompliance" with the group size requirement. The high enrollment figures in Philadelphia are discussed in detail in Chapter Four; the large number of children in homes appears to be related to the dearth of available family day care in that city and perhaps to the lack of enforcement.

In conclusion, although homes are not required to comply with FIDCR standards, most sponsored and unregulated homes care for children within the range specified by those standards. Although regulated homes meet state

Histogram of Table 6.1

"Non-Compliance" with FIDCR Ratio Requirements
(N=232)



requirements, they are more often at variance with federal standards than are either sponsored or unregulated homes.

6.3 Sponsored Family Day Care

Through family day care systems, children are placed on a regular basis in a number of private family day care homes affiliated with a sponsoring agency. The majority of such systems were developed to provide an alternative to center day care, particularly for young children--infants and toddlers--but also for preschoolers and school-aged children. Recently, many systems have developed to receive and distribute the Child Care Food Program funds adminstered by the U.S. Department of Agriculture, because only family day care homes that are under the sponsorship of an umbrella organization may participate in this program (see Chapter Seven).

In most instances, family day care systems have developed out of existing social service agencies because the lack of available start-up funds has limited their development to social service organizations that can afford to support programs financially for a number of months before the system can generate income on its own. With the advent of the Child Care Food Program, some of the financial impediments to establishing systems have been removed, and more systems are now starting without any pre-existing social service base.

We estimate that there are now over 30,000 family day care homes under the sponsorship of such umbrella organizations--almost half of the 66,000 licensed or registered homes currently operating. Although sponsored homes represent but a small portion of the total number of family day care homes (including unregulated homes), they are important beyond their numbers, primarily because they provide care for most state- and federally subsidized children cared for in family day care settings (excluding children subsidized through income disregard). Eighty-five to 90 percent of system slots are subsidized, whereas relatively few slots in nonsponsored homes are publicly funded.

Family day care systems frequently relieve welfare and regional human service departments of the many mangerial tasks necessary to deliver subsidized care through family day care homes. For example, it is often system staff who determine family eligibility for subsidized child care according to Title XX guidelines and determine if family income level and circumstance warrant free or reduced-fee care. Systems subsequently determine the fees to be paid by parents and bill the government for reimbursement. Furthermore, systems usually select and train their own caregivers and provide social services to families, including medical and dental screening, emergency care, nutritional assistance and referral services.

After giving descriptive information on the systems in the NDCHS sample, we will discuss the relationship between family day care sponsoring agencies and their affiliated providers. We conclude this section with a description of the services that family day care systems provide to children and families.

6.3.1 Profile of Family Day Care Systems

Table 6.2 summarizes certain characteristics of the 22 family day care systems whose directors were interviewed as part of the NDCHS. Nine of these systems were in Los Angeles, nine in Philadelphia, two in Texas, one in

Table 6.2

Profile of 22 Family Day Care Systems

	Number of Systems
Age of Program	
< 4 years	8
4-7 years	10
≥ 7 years	4
	22
Median = 5	
Range = 2-27	
Number of Providers	
< 16	10
16-30	7
31-45	1
46-60	1
61-75	0
76-90	0
91-105	0
106-120	2
	22
Median = 16	
Range =4-135	
Number of Children	
Up to 50	10
51 to 100	7
101 to 150	2
151 to 200	1
over 200	2
	22
Median = 46	
Range = 16-421	

	Number of Systems
Number of System Children per Home[a]	
1.0 to 2.0	4
2.1 to 3.0	6
3.1 to 4.0	7
4.1 to 5.0	4
5.1 to 6.0	0
6.1 to 7.0	1
	22
Median = 3.5	
Range = 1.8-6.8	
Affiliation/Auspices	
Religious organizations	5
Community/voluntary organizations	10
Mental health associations	2
City government	1
University	1
Child care organizations (Head Start 1) (Center 2)	3
	22
Child Care Food Program	
Participant	14
Nonparticipant	8
	22

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[a] No data were collected on nonsystem children enrolled by providers without exclusive use agreements; the presence of such children is therefore not reflected in this table.

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Arkansas and two in the Greater Boston area. These systems ranged in age from one year and 10 months to 27 years; the median age was approximately five years. The Los Angeles programs were considerably newer (median age 2.3 years) than programs in the remaining sites (median age 8.8 years). In California, Assembly Bill 3059 encouraged the start-up of family day care systems during Fiscal Year 1976-1977. Many systems in the other sites had their origins in established religious organizations that have long provided foster care, adoption services and family day care through a variety of income sources.

The size of the programs studied varied widely, but most systems coordinated 30 or fewer providers and less than 50 children. (Two very large systems skew the overall distribution of size of programs.)

At the system level, number of children per home ranged from 1.8 to 6.6, with a median of 3.5. In general, NDCHS findings indicate that the home/child ratio in sponsored care appears to be below the present federally mandated limits. In addition to federal limits, systems apply their own controls, such as extensive provider training and the assignment of helpers, to ensure the safety and nurturance of children. In instances where directors placed more children than the typical limit of six, most indicated that only certain providers were chosen to handle these larger groups.

* * *

Five years ago, at age 50, Mrs. Freeman lost her husband and found herself at loose ends: "I needed to do something and I needed company, and I didn't want to leave my house." Her sister told her about a local system of family day care homes, so she gave them a call. It has been a good solution for her, and she has no plans to terminate.

She feels that it is a good source of income and, perhaps as important, it's a real help to parents.

Mrs. Freeman has four children in her care, all referred by the family day care system with which she is affiliated. They range in age from two years two months to three-and-a-half years. Two of the children are sisters, Mexican-Americans; one child is White; only one of the children is Black, as is Mrs. Freeman herself. The children begin to arrive early in the morning--sometimes as early as 6:30--and the house is full by 7:30. By 9:00, all the children have eaten breakfast, and then they play inside until 10:30 or so. After a quick snack, they play outdoors until lunch. In general, Mrs. Freeman supervises them very closely and plays along with them, except when she is preparing lunch. During their naptime, after lunch, she has a little more time to do household chores, but then she supervises them closely again for the rest of the afternoon. Mrs. Freeman's daughter still lives at home, but she is in high school, so the full burden of child care belongs to her mother.

The sponsoring agency pays Mrs. Freeman $5 per child per day. This $100 each week is nearly her entire income--she receives a small amount from her husband's life insurance. In all, she works about 55 hours a week, and earns about 55 cents per child per hour. She feels that the training she received through the sponsor has helped her some, but that the most important things for a day care mother to do are to provide basic physical care, to keep a clean home, and to be caring and patient.

* * *

Sponsoring agencies operate their family day care programs with considerable stylistic variation. Ordinarily it is the director who sets the program's tone. Not only her experience, education and other characteristics vary from program to program, but also the tasks that she regularly undertakes. Directors' years of paid experience in a child-care related field ranged from 2 to 30 years with a median of 11 years. Their years of formal education ranged from only two years of college to the equivalent of a master's degree. Median salary was approximately $13,700; salaries ranged from $5,428* to $26,400.

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*The lowest salary was for a part-time directorship.

The director is often in charge of fund raising for the system. Study data show that the director's experience was highly correlated both with noncash contributions as a percentage of operating costs and with the amount of services provided by the system to the children in care. More experience on the part of the director seems to increase family services as a result of her ability (through many years of experience in the community and in a child-care related field) to generate in-kind contributions. These in-kind contributions (primarily labor) either directly go to providing additional system services (e.g., donated medical screening from local clinics), or they relieve program staff from their daily tasks, freeing them to provide other services. Furthermore, a significant relationship exists between the directors' level of education and the amount of contributions from all sources (i.e., in-kind contributions plus cash contributions): directors with more years of formal education appear to generate more contributions from all sources.

6.3.2 The Relationship between Sponsoring Agencies and their Affiliated Providers

The unique relationship between providers and sponsors has developed primarily in response to issues of wage and benefit compensation. Family day care providers have been and continue to be one of the lowest income groups of workers in the U.S. One of the major cost issues underlying the present payment level for family day care is the trade-off between wages of providers on the one hand and limited public dollars and parents' ability to pay for child care on the other. Although the FIDCR do not specifically address the employer/employee relationship, regulation of minimum wages by state agencies has induced most family day care systems to develop a contract with providers in order to avoid the more costly minimum hourly wage arrangement, which many directors feel they cannot afford. Laws on unemployment compensation have influenced systems in a similar fashion. If providers were employed directly by systems and paid hourly wages, programs would be forced to pay minimum wages and contribute to unemployment insurance, workman's compensation and social security taxes, and would deduct local, state and federal taxes from providers' earnings. Systems might also be forced to pay overtime increments for providers working more than 8 hours daily or 40 hours weekly--an almost universal occurence.

As a result of these threatened increased costs from regulatory forces, all but one of the systems visited subcontracted with providers for care rather than treating providers as employees. Most had written contracts or oral agreements that define the relationship between the system and affiliated caregivers. Systems, through their agreements and contracts, clarify the following:

- the hours that providers are available for care;
- the number of children providers are allowed to take;
- the rates providers are paid; and
- whether providers may take children on their own (i.e., private, nonsystem children.)

For the present, contract status primarily alleviates legal issues for family day care systems. A secondary purpose for contracting with providers is to develop a close-knit group of providers who maintain a commitment to their sponsoring agency. The use of exclusive use agreements is a further extension of the contract between sponsoring agencies and their providers. Twelve of the 22 programs studied in the NDCHS had such agreements, which restrict providers from taking children not enrolled and placed by the system. These agreements give systems exclusive access to their affiliated providers for child care.

There are a number of reasons that systems elect to maintain exclusive use agreements. First, these agreements allow the program to control how many children are being cared for at any time and monitor homes for compliance with ratio requirements. Second, caregivers often share with system staff problems in areas such as child discipline, conflicts with parents, or fee payments. Programs with exclusive use agreements, in effect, limit the potential difficulties of the caregiving situation to their enrolled children and families. Third, services performed by the system, such as food reimbursement and field trips, are more easily managed when only system children are served. Programs with exclusive use agreements appear to manage a more close-knit group of providers. One disadvantage of exclusive use programs is that those systems that place and serve only Title XX-eligible children may be forced to terminate a child if the family's income suddenly increases, making them ineligible for subsidized care.

When providers join systems, whether they contract their services or are paid as employees, and whether or not they have exclusive use agreements, they are expected to accept three types of responsibilities: to provide a safe and adequate caregiving environment; to develop and maintain caregiving skills; and to perform recordkeeping and paperwork tasks. The selection of responsible and suitable providers is an issue not only for new systems, but also for established systems, as turnover and growth create the need for new caregivers. As they attempt to ensure that quality care is given, system personnel spend considerable effort selecting providers and maintaining relationships with them.

Systems inspect and approve all prospective homes, whether or not the provider is already licensed. System staff check on such items as cleanliness, sufficient space for children to play, adequate exits in case of fire, and other specific safety aspects of the home. If a home is unlicensed, most systems can approve the home to care for children while it is affiliated with that system. Because directors realize that convenience in transporting children is important to parents, systems also select homes that are convenient for their client population: close to the child's home, close to the parent's place of business or somewhere between.

Finally, systems screen providers by scrutinizing their personal characteristics and physical health. Directors reported that they prefer applicants who are flexible, warm, loving, enjoy children, and have physical stamina. Motivations for applying are always probed. Directors are not particularly concerned with the potential caregiver's age, education, or experience, although they prefer experience in raising children. Another important requirement is that the provider be able to complete the required paperwork.

Equally important as careful selection of providers is the training that systems provide to caregivers. Although all systems claimed to train providers, the range of topics, frequency of sessions, requirements for attendance, and importance placed on training varied considerably. On average, providers were offered five hours of training per month. Although providers were expected to attend training, one-third of the programs did not require attendance. When programs required attendance, the attendance rate was approximately 85 percent. When programs did not require attendance, only 50 percent of the providers regularly attended.

Topics discussed at sessions are varied. They include nutrition, community resources, child development, recordkeeping, health and safety, parent participation, art, activities for children, family day care as a business, insurance and taxes, problem-solving, role playing observations of child care in centers, and development of providers' self-esteem. Providers and parents occasionally have disagreements over child-rearing practices and lifestyles, and cultural differences need to be integrated into training sessions to help bridge the gap between providers and parents of various social groups.

Family day care systems perform a number of useful services for providers in addition to training. They are responsible for billing the government for reimbursement and may collect parent fees where appropriate. The provider may then be paid by the system rather than by the government administering agency (whereby payments are frequently delayed) or the parent (who occasionally does not pay). When the system pays providers for child care, they are usually paid in a regular and consistent fashion.

As already noted, in some states, systems may approve a home for child care if a provider is not already licensed. Systems distribute supplies, loan out safety equipment, and pay for liability insurance. They provide substitutes for caregivers when they are ill and occasionally assign helpers. Finally, they are supportive of providers, offering counseling when difficulties arise.

6.3.3 Services to Children and Families

Most systems place children by setting priorities among parent needs, child needs and provider preferences. In most instances, systems are concerned about the match between parents and providers and encourage them to meet beforehand. In general, a home must have available space (children are not shifted from one home to another to make space), and must be conveniently located for transporting children.

Another major service of sponsoring agencies is the administration of child care subsidies through Title XX funding and the Child Care Food Program, allowing approximately 90 percent of their children to receive free or reduced-fee care. Occasionally, systems are capable of extending this service to those who do not qualify for federal assistance through scholarships and reduced fees supported by private and other public sources. This major administrative service opens the door for many families to receive the range of social services that frequently accompany subsidized child care.

Health services are currently mandated by the FIDCR; however, only a few of the 22 systems directly administered some form of health or dental services to clients or providers. These few had nurses or specialists on staff who performed hearing and development tests and psychological screening. Five programs offered no help in arranging or providing medical screening or delivery. Of all systems, only three take on the full cost of providing such services.

In an effort to encourage parent involvement, seven systems have organized parents' advisory committees, but of the seven, only three claim to have active parent groups. Of these three programs, two serve single teenage parents who are considered a high risk group. The remaining system serves primarily private-fee parents, unlike most sponsored care. In most instances, parents work days and are unwilling or unable to become involved in the management of the system. Most directors expressed a desire to encourage more participation, but were not certain that parents would participate.

Only one program transported children to and from day care homes as a regularly offered service. Transporting young children (infants, toddlers and preschoolers) is not only time-consuming but, depending on the age of the children, may also require the assistance of an adult to handle each child. In most instances, when homes are located within the parent's neighborhood, transportation of the child is not a problem for the parent.

Sponsoring agencies, in general, seek to provide children with the advantages of care in a home environment--individual attention, flexibility and a homey atmosphere--while still offering many of the advantages of center care---trained caregivers, an environment conducive to the development of social and cognitive skills, and an array of support services and child care resources. Many of the sponsored providers interviewed in the NDCHS provided insight into this relatively new phenomenon: women whose chosen occupation is to provide child care in their homes.

* * *

Linda Carney, a 30-year-old White woman, is married and the mother of two. She is also a professional family day care provider, with five children from five different families in her home every day. Mrs. Carney is affiliated with a sponsoring agency whose policy is to place children in family day care for one year before moving them into a center. All the children in this home are preschoolers, three to five years old--this is the age group Mrs. Carney prefers to work with, finding them the easiest to take care of. "It's not babysitting," she emphasizes, "it's teaching."

All but one of the children in her care are from single-parent families. One of them is from a Russian-speaking family. Mrs. Carney feels that one of the toughest things about her job is the emotional problems that the children bring with them. There are hardly any intact families, and a lot of the children are really disturbed by the turmoil in their family lives. "I've had seven kids in three years with really heavy problems that had to be put in that program [an early intervention program in the affiliated center]," she says. For this reason, she tries to provide the children with a lot of structure.

Considering her training as a caregiver (given by her sponsor), her 54-hour week and the paperwork demanded by her sponsor--which she does on her own time--Linda Carney feels that providers like herself are underpaid. She earns $29 per week per child. Her husband earns about $24,000 at his job in sales, so only about one-quarter of the family's income comes from family day care.

Mrs. Carney's work day begins at 7:30, when the first child arrives, and ends when the last one leaves about 6:00. Early in the morning and later in the afternoon, the children watch TV, but the rest of the time, Mrs. Carney supervises them closely or plays along with them, indoors and out. Only during their naptime does she get a chance to get away a little bit. Although her husband is at home for about ten of the hours that the children are there, he provides her with very little assistance in caring for the children.

* * *

6.4 Caregivers' Perceptions of Regulation and Sponsorship

The discussion thus far has focused on describing what the regulatory environment looks like in each of the sites, and whether caregivers chose to comply with those regulations. It is important, in addition, to look closely at the different caregiver groups, to find out how they feel about the regulations, why they have chosen to affiliate with a sponsor, become licensed, or remain unlicensed.

An overview of the length of time providers of various ethnic groups have been licensed will set the stage for consideration of caregivers' perceptions of the regulatory system (see Table 6.3). As a group, providers in Los Angeles had been licensed a mean of nearly six years, with Black providers licensed the longest--an average of more than seven years. By contrast, in Philadelphia, providers had been licensed for a mean of four years, with White providers substantially exceeding their Black counterparts (5.8 vs. 3.1 years). In Texas, as previously noted, a registration system was instituted in 1975. Here, caregivers reported being registered on average just under two years (mean = 1.9). White and Hispanic providers had been registered for about a year and a half and Blacks for almost four years. However, caregivers' confusion about licensing and registration seems to have inflated these reports--some providers indicated that they had been registered longer than registration had been in effect.

Table 6.3

Mean Number of Years Licensed/Registered

	White	Black	Hispanic	
Los Angeles	5.8	7.3	4.1	5.7
Philadelphia	5.8	3.1	--	4.0
San Antonio	1.6	3.7	1.6	1.9
	3.9	4.8	2.7	4.0

6.4.1 Regulated Providers

Licensed and registered providers were asked a series of questions concerning why they became certified, what procedures they had to go through to obtain their license or registration certificate, and what they liked or disliked about the process.

Family day care providers usually learn that family day care services are regulated from advertisements, friends or relatives, or the county welfare office. Once they find out about licensing or registration, most caregivers seek approval either for their own protection and other legal considerations or because they feel it is appropriate. Most caregivers said that they "knew it wasn't legal to care for kids in your home if you're not licensed." Some caregivers cite the assurance that approval provides for the children's parents. One caregiver summed up several reasons for being licensed by commenting, "That's the only way you can advertise in the paper. It's a protection for both me and the parents. Most parents want their children in a licensed home--they [the parents] feel better knowing it's legal."

The length of time needed to become approved once a provider has applied for a license or for a registration certificate varied substantially from site to site. In Los Angeles and San Antonio, most providers indicate that the entire process took only one month; in Philadelphia, on the other hand, it was often in excess of three months.

The certification process varies substantially from site to site, reflecting the different levels and modes of enforcement. Nearly all regulated providers in Los Angeles indicated that they were visited once or twice both before and after licensing--most commonly by the licensing agency, but sometimes by the fire department or welfare department, and occasionally by the health department. Providers reported that visitors most often check the family day care home for fire hazards and the general safety or suitability of the home and yard. In Philadelphia, too, the great majority of licensed providers were visited by their licensing agency, but only a few by officials from other departments. Caregivers indicated that officials who visited their homes most often checked for general safety and suitability, specific safety aspects of the home, number of beds or room to sleep, space to play, and general order. These officials requested about 20 percent of providers to make changes in the home, although many of these changes were minor.

In San Antonio, on the other hand, where a registration system is in effect, registered providers were often not visited by staff of the registration agency itself, a reflection of the nonsupervisory character of this particular regulatory setting. The inspection function, however, has been absorbed by other government agencies in San Antonio; most registered providers were visited both before and after registration by fire department staff. Registered caregivers reported that these visitors most often check for the same basic criteria employed by licensing agencies in the other two sites--general suitability of the home, specific home safety, general order of the home--and that they also discuss rules with the caregiver. About one-third of the providers interviewed were asked to add to or remove something from the home, but nearly all of the changes requested by agencies were minor ones.

Licensed providers in Los Angeles and Philadelphia also talked about the helpfulness or disadvantages of being licensed. Providers most frequently felt that licensing had been helpful to them in the increased access it provides to referral sources and children needing care. The license allowed caregivers to place advertisements in local newspapers, list their day care home with resource and referral agencies, as well as receive referrals from the licensing and/or welfare offices. As noted earlier, legal protection for the caregiver herself and reassurance to parents were also cited as major reasons for becoming licensed. Caregivers cited the protection that the license offers to themselves and parents as being quite helpful. The aspects of licensing most frequently criticized were enrollment restrictions and the chest x-ray requirement. Caregivers felt that they would take care of more children if they were not restricted by licensing requirements. They also felt that annual x-rays were expensive and bothersome. In general, however, objections to licensing were fairly infrequent.

In San Antonio, similar questions were asked of registered providers. It is interesting to note that the advantages and disadvantages cited for registered status were very similar to those mentioned for licensing in the other sites.

Registered providers in San Antonio were also asked to compare the current system of registration to the old licensing system. About 36 percent of the registered providers interviewed in San Antonio indicated they felt it was about the same; 58 percent felt it was an improvement; and 6 percent said they felt registration was worse than licensing. Of those who indicated that registration provided improvements over licensing, 71 percent indicated it was more lenient. "It [registration] is less frightening to people--the rules and limitations are easier now than they were before." "They don't require as much for kids as before; the Health Department doesn't visit--there's only a checklist that we fill out, and they [DHR] no longer require a discipline requirement." It is interesting that the caregivers who feel that registration is worse than licensing also often cite the leniency of registration requirements as their reason: "some of the caregivers don't live up to what they are supposed to do. They need more supervision." "Registration is easier than licensing--it only takes a phone call. It should take more than that. A personal visit [by DHR] would be better for everyone."

Caregivers were also asked if they felt the registration system was better or worse for the children in care. Sixty-five percent felt that it was the same, 16 percent felt it was an improvement and only one percent indicated that they felt it was worse for the children in care.

6.4.2 Sponsored Providers

Sponsored caregivers can be subject to a different regulatory system than licensed providers. Many of the providers interviewed were licensed prior to becoming sponsored. Family day care systems in California receiving AB 3059 funding can require participating providers to complete the state licensing process or can approve homes themselves, adding or reducing licensing requirements as they deem appropriate. Across the three sites, many of the sponsor agencies interviewed either certified (approved) the home themselves, or assisted homes in becoming licensed or registered. This simplified the regulatory process for those caregivers who were not licensed prior to joining. In fact, when asked why they had become sponsored, rather than taking care of children on their own, about half of the providers in Philadelphia indicated that the incentive was that they could become licensed as part of the sponsoring process.

In general, prior to affiliating with a sponsoring agency, a caregiver's home must be approved by the sponsor.

In some cases, as mentioned, this approval is an acceptable alternative to state licensing, but for other agencies it is supplemental to the licensing process. In general, systems staff report checking on cleanliness, sufficient space for children to play in, adequate exits in case of fire and other specific safety aspects of the home--responsibilities similar to those generally carried out by health or fire department officials.

Nearly all sponsored providers reported one or more visits from the sponsoring agency around the time they joined the system. Caregivers indicated that when they were visited, their homes are most frequently checked for general safety and suitability, fire hazards, other specific safety aspects of the home, and space to play. Most of those interviewed reported that no changes were requested in the home. Where changes were requested, these were usually minor. Some sponsored homes were visited by another agency, such as the fire or health department, but this occurred less often, and was especially rare in Philadelphia. In general, sponsoring agencies in Philadelphia also tended to be less actively involved in licensing caregivers than in Los Angeles.

In Los Angeles, sponsored providers were asked about the sorts of information requested of the caregiver by the agency prior to approval. The most frequently required information concerned the general safety of the home; other common questions concerned the provider's licensing status, her caregiving philosophy and her experience with children, her family background, and her health. Less frequently, providers were asked about their reasons for providing family day care or about their work experience.

Most of the sponsored caregivers in Philadelphia and Los Angeles indicated that they first heard of their sponsor through direct recruitment efforts of the sponsoring agency or from friends, relatives, or neighbors. Here, as with licensed providers, the caregiver plays a passive role, learning through informal networks or being sought out by the agency. When asked why they had become sponsored rather than taking care of children on their own, most providers in Los Angeles responded that they felt sponsorship would provide them with the extra support and help they needed, would make it possible for them to get more children, and would offer greater stability in the care they provided. In Philadelphia, as mentioned earlier, about half of the providers interviewed indicated that they became licensed as part of the sponsoring process; several other caregivers mentioned legal considerations and their own protection as reasons for doing so.

In San Antonio, there is only one family day care system at the time of the study. Ninety percent of the sponsored providers interviewed in San Antonio reported that their homes have been specifically approved by the sponsor. All sponsored providers indicated that approval involved both a personal interview and a general inspection of the family day care home; in addition, most sponsored providers (70%) mentioned that a physical exam for each of their family members was required. On average, these caregivers reported that they have been approved for a period of three to four years and licensed or registered for a slightly shorter time.

Most sponsored caregivers interviewed in San Antonio reported that the sponsor, the fire department and the health department visited their homes both as a prerequisite to approval and after approval had been completed.

Caregivers reported that someone from the sponsor visited about three times prior to approval and twice afterwards. As in Los Angeles and Philadelphia, providers reported that visiting agencies or departmental officials most often check for general or specific safety aspects of the home. In most cases, caregivers indicated that the changes inspectors required were minor ones.

6.4.3 Unregulated Providers

Unregulated providers were asked about their knowledge of regulation, and whether they had ever considered becoming licensed or registered. Only 50 percent of the unlicensed providers interviewed in Los Angeles responded to any of the licensing attitude questions, and overall interpretation of the data was therefore not possible. However, 20 percent of those who did respond indicated that they had considered being licensed; several of these mentioned the prohibitive costs of the licensing requirements, the restrictions on number of children to be cared for and health or safety regulations as reasons they had chosen to remain unlicensed. One caregiver summed up a lot of general feelings, stating, "You have to have tests, fill out a lot of papers, you have to be involved so much. I would like it to be a lot more open because there are lots of unlicensed people who need help answering questions. I have all the stuff to get licensed, but I didn't want to be bothered. My being licensed shouldn't affect whether or not people want to use me as a sitter."

In Philadelphia and San Antonio, unregulated providers were asked if they had ever heard of licensing or registration. Eighty-seven percent in Philadelphia and 60 percent in San Antonio indicated that they had heard of it, but less than half of those in either site who had heard of licensing/registration had ever considered becoming regulated. The reason most often given was that licensing/registration was unnecessary for them, as they did not intend to continue caring for children on a long-term basis. Caregivers generally stated that they "didn't plan to do it on a regular basis," and that day care was a "temporary job." Several unlicensed/unregistered caregivers also mentioned that "it's not important to register if I'm only taking care of relatives." They felt that because relatives and neighborhood parents were coming to them, asking them to care for their children, they didn't need governmental approval. Some caregivers also felt that being licensed would involve them with too much bureaucracy--the various licensing requirements and the amount of paperwork. As one caregiver stated, "I didn't like the discipline and the rules and the way the inspector spot-checks. I've talked with parents about licensing and they don't think it would make a difference."

Chapter 7: THE CHILD CARE FOOD PROGRAM

The Child Care Food Program (CCFP), administered by the U.S. Department of Agriculture, provides federal funds for meals served to children in nonresidential day care institutions. Initially designed to benefit children from low-income families with working mothers, the program now provides meals at some level of subsidy to children at a variety of income levels. Children's eligibility for free and reduced-price meals is based on need, as determined by a standard USDA formula. To participate in the program, day care centers must be licensed and have nonprofit status; family day care homes must be licensed and sponsored by an umbrella agency. In 1978, more than one-half million children received meals subsidized wholly or in part by the program. Only a small proportion of these children, however, were found in family day care.

Four areas of inquiry were addressed in our interviews with agency directors, caregivers and parents. Two of these related to ascertaining why participation in the program is so low (needs assessment and barriers to participation), and two related to a description of the operation of meal service delivery in family day care homes (program description/impact and costs). Interviews with family day care system representatives generated descriptive data on the number of CCFP participant systems and elicited opinions from directors regarding application procedures and reimbursement requirements. Family day care providers were asked:

- whether or not they knew of the CCFP or other food programs;
- whether or not they were interested in participating in food programs which provide training in child nutrition, monies for the cost of

caregiver meals eaten with the day care children, and/or monies for labor costs involved in food preparation;

- whether or not they were interested in participating in food programs which require working with an umbrella organization, meeting program nutritional requirements, and keeping records of food costs;
- which meals and snacks and how many of each type they serve daily;
- how many of each type of meal are provided by parents, sponsors or other sources;
- how much it costs to feed the day care children,
- whether or not they receive money from the children's parents, their sponsor, or other sources;
- value of food received per week; and
- whether they plan menus for the children in advance and shop accordingly or feed the children from family groceries.

Parents of children in study homes were asked:

- whether or not they provide food for their child on a regular basis; and
- whether or not they are satisfied with the amount, type and quality of food provided by the caregiver.

Information gathered from each of these different data sources bears upon the four objectives--needs assessment, barriers to participation, program description and program costs--outlined earlier. Before describing each area of inquiry, in turn, however, we must discuss two analytic issues--the representativeness of the NDCHS sample and the confounding of variables--insofar as they are relevant to our analyses of the CCFP.

The configuration of the NDCHS sample and, in particular, the configuration of CCFP participation in that sample has largely dictated the range and types of analyses we have conducted. Caregiver interview data were gathered from providers associated with only 11 of the 22 family day care systems visited--in Los Angeles, Philadelphia and San Antonio. Of the 11 systems for which we have provider data, several had completed the application process and were already distributing food payments to caregivers. Several other agencies were in the process of applying but had not begun distributing payments for food.

Although our provider sample is made up of providers associated with five participant agencies and six nonparticipant ones, this split is heavily confounded with both site and regulatory status. In Philadelphia, nearly all the sponsored providers we interviewed were associated with participating systems; however, a very small group of providers (n=7) belonging to a component organization of a larger agency had applied but had not yet started receiving food payments. It would be inappropriate to treat this group of providers analytically as nonparticipants because the sample size is so small and characteristics of this sample are likely to be confounded with characteristics of the larger affiliate (and participant) agency. In addition, the provider sample of participants is many times larger (n=53).

In Los Angeles, just one agency for which we also have provider data had completed the CCFP application process and had started distributing payments to providers. Again, only a small number of providers (n=11) were associated with this nonparticipant agency. Again, the characteristics of this nonparticipant provider group would be confounded fully with characteristics attributable to just one agency.

This configuration of CCFP participation in the NDCHS sample would inevitably lead to confounding between the effects of participation and those of site, sponsorship itself, or particular system association. Such confounding of variables would make it impossible to use these data to identify important variables related to CCFP participation--including impacts on the type or quality of meals served, impacts on the administrative costs of meal service delivery and factors which inhibit program participation.

These problems, in part, reflect the design and sampling considerations which necessarily directed the course of the NDCHS. Our study sites were specifically selected to represent diverse regulatory environments as well as different ethnic populations providing family day care. Philadelphia was selected as an older, northeastern industrial city; there we found fairly well-established family day care agencies or systems, all of which participated in the CCFP (or which were in the process of applying). The agencies in Los Angeles, were often newer and much less well-established than those in Philadelphia; fewer of these agencies had had the time or opportunity to complete the application process. San Antonio was, in part, selected to represent a nonindustrial and heavily Hispanic population and has just one sponsoring agency. CCFP participation was a variable of major interest but not specifically one of design; it appears, then, that our design considerations make it very difficult to identify those factors which are specifically related to CCFP participation.

7.1 Needs Assessment

In conducting a needs assessment, information was sought in several areas: present rate of participation, number of children, family income, income eligibility, level of subsidized care and percentage of children in different meal categories.

7.1.1 Present Rate of Participation

The 22 sponsoring agencies interviewed in California, Pennsylvania, Texas, Arkansas and Massachusetts were not randomly selected. Consequently, although our findings indicate that 17 or 77.3 percent of the agencies interviewed were CCFP participants, we cannot use this figure to estimate national participation among sponsoring organizations. Similarly, the rate of participation among family day care providers associated with sponsors in the study cannot be considered nationally representative; in addition, the rate of provider participation is heavily confounded with both the size of the sponsoring organization and with a variety of size characteristics.

7.1.2 Number of Children

Because so much of family day care operates as an informal network of relatives, neighbors and friends, reliable estimates of the number of operating family day care homes, the numbers of family day care children provided for in those homes, and the number of family day care children in need of the CCFP are difficult to obtain. Moreover, the actual number of children cared for in all eligible (sponsored) and ineligible (regulated and unregulated) family day care homes cannot be estimated from the NDCHS data. Nor can the proportion of children found in different types of care arrangements be used to estimate the proportion of children in CCFP-eligible and ineligible homes because these figures largely reflect our decision to sample fewer sponsored (n=143) than regulated (n=298) or unregulated (n=352) homes.

However, examination of enrollment size in sponsored, regulated and unregulated family day care homes can tell us whether or not sponsored (CCFP-eligible) providers typically care for larger numbers of children than do nonsponsored providers; enrollment size in a sense reflects the potential of different groups of providers to care for large numbers of children. Recall from Section 4.1 that although there appears to be some tendency for sponsored caregivers to care for larger numbers of children than their unregulated counterparts, they care for approximately the same number as do regulated providers. It seems then that the sponsorship requirement does not necessarily assist the program in reaching large numbers of children.

7.1.3 Family Income

Income data obtained in interviews with the parents of children cared for in study homes can be used to assess the level of program need among families who use this type of day care. Specifically, the relationship between family income and the type of care arrangement used--sponsored, regulated, or unregulated--has been examined to assess whether or not low-income families (presumed to be in greatest need of the program) are typically using sponsored care or if, in fact, they are placing their children in nonsponsored (ineligible) family day care homes.

The median yearly income among parents using sponsored care is somewhat lower than that of parents using other types of care: the median income of parents with children in sponsored family day care homes fell in the range from $7,500 to $10,500, whereas the median income of families with children in regulated or unregulated homes was $13,500 to $16,500. It does, therefore, appear that low-income families tend to place their children in CCFP-eligible family day care homes, and that the sponsorship requirement actually increases the program's ability to reach families presumed to be in greatest need.

Similarly, an examination of family income sources reveals that the parents of children in sponsored care are more reliant on welfare assistance as a principal income source than are parents of children in other types of care: approximately 15 percent of parents with children in NDCHS sponsored homes relied on welfare as a major source of income; this is true of only about 5 percent of parents using other types of care.

7.1.4 Income Eligibility

Interviews with sponsoring agency representatives also revealed that although income eligibility for the CCFP is based on the federal guidelines for poverty, states vary independently in their establishment of income eligibility for free and reduced-cost care. For example, in California, day care is subsidized for families earning less than 84 percent of the state's median income. Scales developed by the CCFP allow reduced fees to families earning below 68 percent of the state's median income and free meals to those earning below 44 percent. These differences result in a large group of low-income clients eligible to receive subsidized day care, yet ineligible for free subsidized food. Program directors stated that these discrepancies resulted in less subsidized food income for all clients, as children do not individually receive food based on eligibility.

7.1.5 Level of Subsidized Care

In conjunction with the analysis of parent income, we examined the amount of federally subsidized care provided in different types of arrangements. As another index of program need among families using family day care, the level of federal subsidy (in sponsored homes) provides additional information about the ability of the program to reach its target population. As would be expected from the family income results, the level of subsidized care is greater in sponsored, eligible homes: approximately 43 percent of the care in sponsored homes is AFDC- or welfare-supported, whereas only 15 percent of the care in nonsponsored homes is subsidized by these sources (data available for San Antonio and Philadelphia only). Again, these figures suggest that the children who most need the program are cared for in homes eligible to participate, if not ones that are already participating.

7.1.6 Percentage of Children in Different Meal Categories

Seven of the agency directors interviewed answered questions on the percentage of children in associated homes who were eligible for base subsidy, reduced-price and free meals. The median percentage of children elibible for base subsidy was just 2 percent; the median percentage eligible for reduced-price meals was 12 percent; the median percentage eligible for full fee subsidy was 85 percent. These agency reports provide yet another indication that a large concentration of children in need are cared for in eligible family day care homes.

7.2 Barriers to Participation

Three major types of barriers to participation in the CCFP were studied: knowledge of the program on the part of potential participants, directors' perceptions of the program itself, and their reactions to its benefits and requirements.

7.2.1 Knowledge of the CCFP

All agency directors interviewed in the NDCHS were aware of available funding from the federal food program. The majority had heard about funding through their affiliated day care centers. Others were informed directly by government agencies or national day care associations.

Even among NDCHS caregivers already participating in the CCFP, few of those interviewed knew that they were receiving food money from their family day care system which, in fact, was an active participant in the CCFP. Some caregivers associated with participating family day care systems reported that they received neither food nor food subsidies from their sponsoring agencies. This can, in part, be explained by the fact that some systems include food payments within the provider's overall payment for child care. When payments for caregiving and food are combined, it is not surprising that many caregivers are unaware that they are receiving payments for food or that they are participating in a federal food program.

As expected, more of the providers in sponsored family day care homes knew about existing food programs than did caregivers in nonsponsored homes. What is most striking, however, is the extent to which knowledge of existing programs varied across sites. Thirty-one percent of all caregivers interviewed in Los Angeles knew of existing programs, whereas less than 10 percent of those interviewed in San Antonio and Philadelphia were aware of this information. This difference is especially striking since nearly all sponsored caregivers interviewed in San Antonio and Philadelphia already participate in the program. It may, in part, be explained by the recent expansion of resource and referral centers in California. In order to determine the level of interest in food program participation, these centers distributed information about the CCFP to both day care centers and family day care providers. Caregivers in both sponsored and licensed family day care homes received this information.

It does not appear that family day care providers typically know about CCFP or that they join family day care systems in order to participate in the program. Providers' knowledge of CCFP seems to be unrelated to their participation, which is determined by the participation of their sponsoring organization.

7.2.2 Directors' Reactions to the Program

Insight into potential barriers to participation is provided by agency directors' reactions to the Child Care Food Program. Of the 22 systems visited, five programs elected not to apply for funding. One of the 5 served primarily private-fee families whose income would make the program eligible only for base subsidy payments. Three of the programs were newly established, and each of their directors stated that application procedures were difficult. They also believed that local resource and referral agencies could eventually apply for funding for their providers. In general, directors of nonparticipating programs felt that program accountability involved more effort than they were willing to spend. Two agencies had previously applied for funding and had been denied.

Most participating programs, as well as one nonparticipating agency, complained that the application process and continuing reimbursement requirements were complex and time-consuming. They complained that although reimbursement requirements may be appropriate for center care, they are difficult and inappropriate for family day care. In addition, gathering receipts for food purchases, birth dates of children and license copies for each home approved seemed to duplicate the ongoing monitoring responsibilities of sponsors towards their caregivers.

The administrative burden for application and ongoing reimbursement is also duplicated, as eligibility levels for subsidized care and subsidized food differ. This is particularly true because federal day care subsidies include appropriations for food. Coordination between the federal funding sources would reduce the level of administrative burden while reaching the designated client population most in need of both day care and nutrition assistance. Directors also felt that program requirements for meal planning--preparation, filing and copying of menus--created an inordinate amount of paperwork for providers.

In California, where six out of seven systems were not utilizing the CCFP, concern was expressed that unused appropriations would lead to reduced funding during the next fiscal year. "They [food program officials] make the application procedures so difficult that directors don't know how to apply for money; then, when the money is not spent, they decide that it's not needed and reduce the amount available."

One system had been suspended from the Child Care Food Program by the state food consultant for not maintaining adequate records and menus. Conversations with the director disclosed that the system serves three ethnic groups--Chinese, Japanese and Hispanic, with plans for expansion into Korean neighborhoods. The sponsoring organization for this agency offered supportive service to foreign-born populations relocating in the Los Angeles area. In some cases, providers continued to serve ethnic foods. This fact may have negatively influenced Child Care Food Program assessments of the nutritional value of food being offered to the children. Also, because this system specialized in recruiting and serving foreign-born populations, their providers may have had difficulty completing Child Care Food Program reimbursement forms and developing acceptable menus.

Requirements concerning the types of food to be served were generally acceptable to directors. Some directors, however, disagreed with the level of detail in the food requirements. For example, recent restrictions on serving popular beverages such as HI-C or Tang have met with mixed reactions (juice drinks are being replaced by fruit juices).

7.2.3 Interest in the CCFP

NDCHS providers were asked whether or not they would be interested in participating in food programs which require association with an umbrella organization (sponsorship), compliance with program nutritional requirements and keeping records of food costs. Across sites (see Table 7.1), more sponsored (eligible) than nonsponsored (ineligible) providers expressed interest in participating in food programs with these requirements. As the CCFP requirements include membership in an umbrella organization, it is interesting to note that providers who belong to these organizations are also more likely to want to participate in food programs than are those who do not.

Table 7.1

Percentage of Caregivers Interested in Participating in Food Programs (Requirements)

	Umbrella Organization	Nutritional Requirements	Records of Food Costs
Sponsored	80.5	80.3	72.3
Nonsponsored	59.4	63.9	50.7
Total	62.8	67.2	59.8

Overall, the level of interest in program participation among nonsponsored providers seems to reflect the informal, "familial" environment of much unregulated care and the resistance, among nonsponsored providers, to various forms of regulation. Conversely, most caregivers associated with family day care systems are presumably used to complying with agency requirements. Also, many of these system providers already participate in a program with these requirements (CCFP), although they may be unaware of their involvement.

More sponsored than nonsponsored caregivers were also interested in programs that offer nutrition training, money for the cost of caregiver meals eaten with the day care children, and money for food preparation labor costs (see Table 7.2). However, it seems likely that these differences reflect caregivers' knowledge that programs that provide such benefits also demand compliance with requirements such as the ones just enumerated. These percentages show that a substantial number of nonsponsored providers do not feel program benefits are worth the price of participation. One could predict that, if better informed, many additional providers would be interested in receiving money for food, despite program requirements. Nevertheless, it seems that many of those who strongly prefer an informal family day care arrangment would continue to avoid involvement with regulatory agencies.

Table 7.2

Percentages of Caregivers Interested in Participating in Food Programs (Benefits)

	Nutrition Training	Money for Caregiver Food	Money for Labor Costs
Sponsored	74.1	84.0	90.7
Nonsponsored	62.6	58.8	64.3
Total	64.5	62.8	68.5

Clearly, there is a self-selection process that generally distinguishes sponsored and eligible from nonsponsored and ineligible providers, and this process is reflected in attitudes towards program participation. It appears that in this study sample, sponsorship itself constitutes a major participation barrier for some providers.

7.3 Program Description and Impact

The characteristics of food services delivery and possible impacts of the CCFP were also investigated.

7.3.1 Food Service Delivery

For the reasons indicated above, the configuration of the NDCHS provider data does not make it possible for us to contrast adequately the characteristics of CCFP participant and nonparticipant sponsored providers. However, differences between eligible (sponsored) and ineligible (nonsponsored) caregivers may provide some insight into the characteristics of participants and nonparticipants. Across sites, eligible providers rely about equally for food upon their sponsoring agencies and children's parents. In contrast, ineligible caregivers rely more heavily on food from children's parents (78 percent receive food from parents).

The Child Care Food Program is designed to monitor and improve the quality of food provided in family day care homes; sponsorship appears to reduce providers' reliance on parents for food and to increase the potential effect of the program on the quality of food served.

Both CCFP eligible and ineligible NDCHS providers generally serve nutritious food to the children in care (see Table 7.3). Although eligible providers are slightly less

Table 7.3

Type of Foods Served According to Type of Meals

CCFP-Eligible (Sponsored) Homes

	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner
Milk	68.0	43.0	51.0	34.0	0.0
Bread, cereal	95.0	24.0	37.0	10.0	50.0
Protein foods	21.0	10.0	91.0	16.0	100.0
Fruit juice, fruit	68.0	66.0	49.0	59.0	0.0
Vegetables	5.0	1.0	57.0	6.0	75.0
Salty foods	5.0	19.0	7.0	19.0	0.0
Sweets	5.0	22.0	17.0	46.0	0.0
Cheese, yogurt	5.0	9.0	14.0	4.0	0.0
Soft drinks	0.0	4.0	3.0	3.0	0.0
Vitamin supplements	0.0	0.0	0.0	0.0	0.0

CCFP-Ineligible (Nonsponsored) Homes

	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner
Milk	65.0	34.0	46.0	30.0	31.0
Bread, cereal	90.0	22.0	30.0	11.0	49.0
Protein foods	48.0	13.0	89.0	13.0	89.0
Fruit juice, fruit	41.0	53.0	30.0	43.0	11.0
Vegetables	1.0	1.0	46.0	2.0	71.0
Salty foods	0.0	9.0	12.0	17.0	2.0
Sweets	9.0	50.0	21.0	59.0	16.0
Cheese, yogurt	2.0	6.0	10.0	6.0	3.0
Soft drinks	4.0	10.0	22.0	18.0	34.0
Vitamin supplements	0.0	0.0	0.0	0.0	0.0

likely to serve sweets for snacks (both morning and afternoon) than are ineligible providers, these differences are not statistically significant. It should be noted again that very few NDCHS providers knew whether or not they were participating in a federal food program. One might anticipate that if participating providers did know of their participation, this knowledge might noticeably affect the types of foods provided. It is important to note here that not only do caregivers generally provide nutritious food for the children in care, but parents also quite uniformly feel that food is adequate in quantity, variety and quality.

As Table 7.4 illustrates, the CCFP-eligible providers are less likely to serve either breakfast or dinner than are ineligible (nonsponsored) providers, but somewhat more likely to serve morning snacks. As reimbursements for breakfast are larger than those for other meals, this finding is somewhat surprising. However, recalling that few sponsored providers knew of their program participation, one would not expect to find that they serve more breakfasts in order to increase reimbursements. Family day care homes are also much smaller than day care centers; sponsored providers might not feel it worth the trouble to serve breakfast to a relatively small number of children--even at a higher reimbursement rate. In addition, sponsored caregivers tend to run a more formal day care arrangement than nonsponsored providers, with children arriving and leaving at set and prearranged times. One might expect that less formal operators would be more willing to extend the length of their day and to serve breakfasts and dinners.

On average, NDCHS providers serve food to from two to five children for each meal except dinner; fewer caregivers serve this meal and they typically do so for only one or two children.

Table 7.4

Percentage of Caregivers Who Provide Each Meal

	Sponsored CCFP-Eligible	Nonsponsored CCFP-Ineligible
Breakfast	11.0	49.0
Morning snack	69.0	52.0
Lunch	72.0	71.0
Afternoon snack	73.0	75.0
Dinner	6.0	23.0

7.3.2 Program Impact

We cannot use the NDCHS's provider data to infer any program impacts, but reports from sponsoring agency representatives indicate that program participation brings with it a number of benefits associated with agency affiliation. Once a child is enrolled in the CCFP, he or she actually benefits from all of the services and activities provided by the system and its caregivers.

To a large extent, food selection and preparation is the domain of the caregiver, and monitoring is the responsibility of sponsoring agencies. The additional monies received from the CCFP that filter through the agency and are eventually paid to providers are seldom selectively spent on income-eligible children within the home. The mechanics of food preparation alone for participating and nonparticipating children separately would prevent this. To whatever extent the CCFP motivates providers to plan, select, prepare and serve more nutritious meals, it appears that in most instances all children within the home receive the benefits of subsidized food. Although the additional money from the Child Care Food Program appears to increase the amount of food offered, however, few directors felt that the program increased the quality of nutrition. Training at the administrative level for director and personnel may be helpful in this regard. In any event, it seems that positive impacts of the program may extend to more children than are actually enrolled in the program.

The NDCHS providers eligible for the CCFP (all sponsored caregivers) more frequently plan their menus for the day care children's meals than do ineligible providers: approximately 70 percent of the sponsored providers indicated that they plan the children's menus and shop accordingly, whereas less than 50 percent of nonsponsored caregivers indicated doing so. Nonsponsored providers more typically relied on family groceries for the children's meals. This difference probably reflects the more formal care arrangements found in many sponsored homes.

All sponsoring programs claimed to help providers with planning meals, but some admitted that they needed to develop a nutrition program to give providers some effective direction. Sponsoring agency representatives indicated that agencies do check on the food prepared by visiting homes during the lunch hour. Occasionally, a provider is dropped from the agency for repeatedly serving foods which do not meet standards.

7.4 Program Costs*

In the course of the study, both administrative and food service costs were assessed, and issues in setting reimbursement rates were investigated.

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*This topic is addressed more generally in Chapter Nine on the costs of family day care.

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7.4.1 Administrative Costs

Agency representatives reported that approximately 6 percent of annual program revenues from all sources are received from the CCFP. Eighty-five percent of total CCFP program costs reflect reimbursement for food to providers. The remaining 15 percent involves primarily administrative labor costs.

7.4.2 Food Service Costs

In sponsoring agencies participating in the Child Care Food Program, providers were paid a median of $1.00 per child per day. Rates ranged from $1.00 to $1.87. Some sponsors include the payment for food (usually $1.00 per child per day) within the caregiver's payment for child care services (also a per-child, per-day rate in most programs). It should be pointed out that when programs merge payments for food and caregiving, it is difficult to determine the value paid for food. Although this payment process reduces bookkeeping tasks for sponsoring agencies, cost-of-living increases and increases in food subsidies may be confounded. Caregiving rates and food subsidy rates should be delineated to avoid circumstances in which increases in either rate are not passed on to the provider. For example, a cost-of-living increase in the food rates needs to be clearly identified as such to reduce the possibility that the increase is viewed as an increase in the caregiving rate.

We have already pointed out that caregivers, parents and sponsors may all provide food for the children in family day care homes. Since any one or a combination of these sources may provide some, part or all of the food provided in family day care homes, it is difficult to assign true costs to providers, parents and sponsors. Not surprisingly, family day care providers do not always recall what food or food payments they have received from whom or over what period of time the commodities/money were received. In addition, our findings suggest that some caregivers may not consider and therefore may not report certain food costs covered by their sponsoring agency. For example, this was the case in one system where caregivers did not directly receive any money or food from the sponsor; however, they were able to acquire groceries which were later paid for by the agency.

The complexity of food arrangements just described and the accompanying difficulty in assigning costs accurately makes the food costs reported by NDCHS providers somewhat unreliable. However, on average, caregivers in CCFP-eligible homes report that they spend slightly more money on food per child per week than do ineligible providers: sponsored providers spend $6.51 per week per child whereas nonsponsored providers spend $5.47.

7.4.3 Setting Reimbursement Rates

The NDCHS data indicate that either enrollment or the number of children scheduled to be present at a given meal time can be used to determine reimbursements, although neither measure provides a perfect estimate of the number of meals served. The correlations between enrollment and the number of each meal type served are as follows: breakfast, 0.46; morning snack, 0.53; lunch, 0.83; afternoon snack, 0.86; and dinner, 0.10. Similarly, correlations between the number of children scheduled to be present at each meal and the number of meals served are: breakfast, 0.56; morning snack, 0.67; lunch, 0.90; afternoon snack, 0.81; and dinner, 0.13. Scheduled enrollment appears to be a slightly better predictor of the number of meals served than does total enrollment. Obviously, correlations including both measures reflect the larger number of children typically present for morning snack, lunch and afternoon snack. Dinner is provided to fewer children and more irregularly than other meals, so that one might expect predictors of the number of dinners served to be very weak.

Chapter 8: PARENTS OF CHILDREN IN CARE

To this point, discussions have focused upon only two of the three major participants in family day care--the child and the caregiver. The parent, however, constitutes the critical link between these two, and it is therefore necessary to integrate parents into a profile of the family day care arrangement.

This chapter will describe parents who use family day care and will conclude with a discussion of the relationship between parents and family day care providers. Two sources of data will be used to look at the content and level of parent/caregiver communication. Both parents and caregivers were surveyed concerning their communication with each other and their degree of satisfaction with this arrangement. It is these responses which are the focus of Section 8.2.

8.1 Parent Profile

In a sense, parents are one of the greatest sources of informal regulation of family day care. They in effect represent the demand side of the service equation. Who they are, what they need and expect, and how satisfied they are with what they receive is the subject of an entire volume prepared by CSPD, the Parent Study Component Data Analysis Report (Volume IV of the Final Report of the NDCHS). A synopsis of the observations made in this report is presented here to complete the present volume.

8.1.1 Background Characteristics

The parents of children in care in the National Day Care Home Study present an interesting picture of the users of family day care. In general, the income of the parents in the NDCHS sample (median $12,000-$15,000) was lower than the national average (median $16,009), largely because the White parents in the sample had lower incomes than their counterparts nationwide. This is consonant with the fact that caregiver homes were selected primarily from lower-income areas within the study sites. Within the NDCHS sample, however, Whites had a higher income level than Blacks or Hispanics: over twice as many Whites as Blacks or Hispanics, for example, had incomes over $21,000. At the other end of the scale, only 6 percent of White parents had incomes under $6,000--as opposed to 18 percent of Hispanics and fully 25 percent of Blacks.

The NDCHS sample was also slanted toward occupations of lower status. Moving upward on the occupational ladder, a smaller proportion of the sample appears at each step: 37 percent unskilled, 29 percent skilled trades and sales, 25 percent lower level managerial/professional, and only 7 percent upper level managerial/professional. The only clear relationship between parental income and home setting is the one that was expected. Parents of children in sponsored care had lower average incomes than parents of children in regulated or unregulated care. This is because sponsored care is most often subsidized.

Over 60 percent of parents in the NDCHS sample were married (or informally married). Twenty-five percent were divorced or separated, and 15 percent were single (including widows/widowers). Of married parents, only about one-fifth used sponsored care, the least popular type of care for these parents because, in general, they are not eligible for day care subsidies. Among single parents, on the other hand, nearly half used sponsored care. Again, this concentration of single parents among the users of sponsored care is not surprising: the incomes of single-parent families tend to be less than those of two-parent families, and sponsored care is frequently subsidized. Finally, there was a slight tendency for the users of nonsponsored care to have longer tenure in their neighborhoods; this greater familiarity with their neighborhoods may be what allowed them to tap sources of day care that are not part of a formal sponsoring network.

Compared to national averages, the NDCHS sample was composed of more small families (1 or 2 children) and fewer large families (3 or more children). The concentration of families with only one child was especially high. Well over half of the children in the sample were under three years old. This finding is consistent with the findings of earlier studies that parents tend to choose family day care for children under three and center care as they approach the age of five.

When parents' reasons for seeking day care were probed, the great majority (86%) indicated that child care enabled them to work. There was, however, a difference across races: fully 94 percent of Whites gave this reason, but only 88 percent of Hispanics and 77 percent of Blacks. Parents' reasons for selecting family day care were also probed; more than half cited financial reasons, special attention for the child, or unavailability of center care. Although most respondents worked typical daytime hours, a sizeable minority worked at night or had rotating or variable work schedules, suggesting a need for flexible child care arrangements. In general, there was a strong tendency to prefer care in the child's own home for children under one year, to select family day care for one- to three-year-olds, and a more structured environment--center care, nursery school or kindergarten--for older preschoolers.

Eleven percent of parents stated that their child's age was the main reason they selected family day care.

Overall, about half of the parents interviewed had placed their child in the type of day care that they preferred. The level of congruity between preferred and actual mode of child care was greater in sponsored settings than in regulated or unregulated care. Moreover, a far higher percentage of Black respondents (61%) had other day care preferences for their children than did Whites (36%) or Hispanices (48%). In general, Black parents had a strong preference for center care, with its more apparent educational component.

The majority of parents in the NDCHS sample had located their current caregiver through some personal source--a relative, friend or neighbor--and most of these parents stated that they would follow the same route again if seeking child care in the future. In general, advertising and agencies played only a small role, although California's Resource and Referral Centers were a significant source of information for parents in Los Angeles. About one-fifth of NDCHS parents felt some reservations when placing their child in family day care, and stated that they had made compromises in deciding to engage a certain family day care mother. The most common sources of concern for parents were the caregiver's pets (which frightened some children) and issues of personality--finding a caregiver with whom they felt comfortable leaving their child.

Surprisingly, only 12 percent of NDCHS parents were using relative care, but over half of the Black and Hispanic children in unregulated homes were related to their caregivers. Finally, over 70 percent of Hispanic parents reported that they had previously used another child care arrangement.

8.1.2 Parental Expectations and Degree of Satisfaction

Parents were asked what the most important requirements were for the family day care home in which they would leave their child. Most frequently mentioned (by 29% of parents) was the reliability of the caregiver, and a close second was that the child acquire linguistic and cognitive skills (26%). Other often-mentioned needs were that the child be well cared for and receive emotional support, that nutritional needs be met, and that the environment be safe and clean. When questioned about the special needs of their child, very few parents mentioned any medical or emotional problems. About one-fifth of parents responded that special care for infants was needed. Most striking, nearly half of all parents (43%) felt that their child had a special need to be with other children--indeed, so many parents that this "special need" appears instead to be a very common concern in this era of the contracting American family. On the whole, parents seemed to feel that their day care needs are met about 90 percent of the time.

What features did parents look for in evaluating family day care homes for their own use? A convenient location seemed to be important to parents, but was rarely a problem. Parents were also generally satisfied with the physical characteristics of homes. Food was the most often mentioned problem area--14 percent of parents felt that caregivers sometimes served inappropriate foods (e.g., junk food). Moreover, about one-third of all parents supplied all or part of their child's food themselves--considering the low parental fees paid per child, this provision of food is an indirect way of supplementing the caregiver's income as well as insuring the quality of the food provided to the child.

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Parents' reactions to the number and age mix of children in care are interesting in light of their concern with cognitive gains and with exposure to other children, as noted above. Three times as many parents stated that there were too *few* children in their child's family day care group as complained that there were too many. And, three times as many parents felt that the children in the group were too *young* as felt that they were too old. Parents appear to be concerned not only that their child have the company of other children, but also that those others be children from whom their child can learn.

When asked about important qualifications of family day care providers, most parents (82%) rated experience with children as more important than formal education, although Black and White parents seemed to value education more highly than Hispanic parents. This general lack of regard for formal education as evidence that a provider is "good with children" reflects parents' greater respect for concrete experience. It may also reflect their awareness that the highly educated provider may be frustrated by the low earnings and nonprofessional status of family day care, and may therefore not provide the most positive environment for children. About three-quarters of the parents interviewed were not comfortable with substituting another caregiver for their child's regular caregiver. Parents with children in sponsored homes were generally more flexible on this issue, suggesting that in this more businesslike environment, caregivers are seen as more interchangeable.

Parents' feelings about their child's daily activities in the family day care home were probed to discover the extent of parental satisfaction and also parents' preferences for different types of environments.

Only about one-quarter of NDCHS parents proclaimed themselves dissatisfied with their child's daily activities; about half of these parents explicitly sought greater emphasis on conceptual and linguistic skills. NDCHS data on parents' preferences are difficult to interpret: when asked to choose between two hypothetical homes, parents chose an unstructured environment over a structured one by a ratio of 3 to 2, but they also chose a "learning" environment over a "play" environment by a ratio of 3 to 1. The phrasing of these forced-choice items may well have influenced parents' responses, however; what does show clearly is parents' pervasive concern with cognitive development.

Finally, parents were queried about the availability of special services--evening and weekend care, care for a sick child--that are often cited as a major advantage of family day care over center care. Surprisingly, responses suggest that the flexibility of the typical family day care home is not as great as has often been assumed. Only about one-sixth of parents reported that evening and weekend care were available--somewhat less than expected. Nearly 20 percent, however, reported that their caregiver provided care to a seriously ill child, a service rarely if ever provided in centers. Other special services, such as parent education or family counseling, were more readily available through sponsored homes than through regulated or unregulated homes, as expected. Although many parents claimed to need such institutional services when they were available, these services did not figure prominently when parents listed their requirements for family day care, as summarized above. The needs that parents mentioned spontaneously were more fundamental ones--a reliable caregiver and a good learning environment, for example.

In a similar vein, parents were questioned about unexpected benefits of family day care or, on the other hand, expectations that had gone unmet. Many parents had placed their child in care in spite of an underlying conviction that no one else can care for a child as well as his own parent, and in particular that no one else was "good enough" to give their child the special attention that he deserved--a natural enough feeling for parents leaving their child in another's home. However, nearly half of the parents who felt there had been unexpected benefits from the family day care experience stated that their child received much more individual attention from the caregiver than anticipated. This is a strong endorsement of the home atmosphere of family day care. Smaller numbers of parents reported that the caregiver's personality had had a good impact on their child, that nutritional provisions were surprisingly good, that food had been supplied at no cost, or that the child had learned more physical skills from the caregiver then they had expected. Only a few parents reported that certain of their expectations of family day care had not been met. Of these parents, 20 percent indicated that they had hoped for a greater emphasis on cognitive development, yet another indication of the strength of parents' ambitions in this regard. Other unmet expectations were so scattered that the results are not interpretable.

Parents' responses to another set of questions, while striking, are very hard to interpret. When asked whether their child had had a "bad experience" in family day care, 11 percent of parents reported that this was so. The most commonly mentioned bad experience was an injury to the child (slightly more than 2%); 2 percent indicated that the bad experience was related to inadequate supervision; fewer than 2 percent said that their child had been left unattended; and the same number said that their child had been physically abused. It is impossible to determine from these data whether such "bad experiences" should be considered a normal part of the typical child's development, or similarly, whether the same sorts of incidents might have occurred in the child's own home.

What then did parents perceive as benefits that their child had reaped from the family day care experience? Over 60 percent of NDCHS parents cited their child's social growth, suggesting that this care arrangement meets parents' demands for their child to be with other children. One-third of parents felt that their child's linguistic and conceptual skills had benefitted in family day care (although, as noted above, about 13 percent of parents would have preferred a greater emphasis on the acquisition of cognitive and linguistic skills). About one-fifth of parents mentioned the homelike atmosphere as a special benefit to their child of family day care.

Another indirect indicator of parents' satisfaction with family day care is their perception of their child's attitude toward the provider. Three-quarters of parents reported that their child had loving feelings for his or her caregiver; another 22 percent said their child's attitude was friendly, though not loving. Only 3 percent of the children were considered by their parents to be indifferent to their caregivers, and no parents reported that their child disliked the provider.

Parents were also asked whether they would recommend their caregiver to a friend. While this seems at first glance to be a very telling question, in fact the complexities of parents' reasoning, which could not be probed with the NDCHS instruments, make it difficult to tell what the data mean. Eighty-three percent of parents said that they would recommend their caregiver to a friend; 17 percent said they would not. We do not, for example, know what proportion of those 17 percent who would not recommend their caregiver felt this way because their caregiver already had enough children.

NDCHS findings on parental childrearing attitudes, based on the administration of Kohler's Maternal Attitude Scale, are extremely tentative, and only very general patterns can be reported. Two major dimensions in parental attitudes emerged: the educational and the authoritarian. Parents using sponsored homes, as well as Black and Hispanic parents, tended to place more emphasis on teaching children skills and concepts seen as important for school. Parents using sponsored homes, and Black and Hispanic parents, also tended to be more concerned with certain aspects of authority, specifically, that young children learn to obey adults, and that a child's caregiver plan daily activities and keep the child neat and clean.

Finally, parents were asked what aspects of family day care they felt should be regulated (in Los Angeles only). Many parents said that such features as caregiver health, home safety, number of children and child health were suitable for regulations, but parents agreed that the internal social dynamics of the family day care home should not be regulated.

8.1.3 Family Day Care Costs to Parents

Over-three quarters of all families in the sample paid the full cost of child care. In Philadelphia, however, only about two-thirds of families paid the entire cost; subsidized care was particularly common among the sample of families interviewed there. Overall, White and Hispanic families were more likely to bear the full cost of care than were Black families. The median weekly cost of family day care was $31.74 in Los Angeles, $27.39 in Philadelphia, and $22.11 in San Antonio. This cost constituted 6 to 8 percent of the families' gross income. Not surprisingly, care in regulated homes was more expensive than care in either unregulated or sponsored homes (but most parents did not pay these costs). In general, Whites paid higher fees than Blacks, who in turn paid more than Hispanics. Although fees were highly correlated with family income, upper-income families paid unexpectedly low fees.

About 13 percent of the parents in the sample paid nothing for child care; most of these children were in sponsored homes. Fees for children cared for by a relative or a close friend--one third of the children in the sample--did not differ from those for the other children in the sample.

Nearly all parents indicated that they had discussed fees with their provider before finalizing arrangements for care. About 60 percent of parents reported that they thought the fees charged for family day care were appropriate for the services rendered; almost 60 percent also indicated that they would be willing to pay more for the same services. Although only a few parents (10%) said that cost was their most important reason for choosing family day care, 20 percent of parents were unwilling to pay more--even to receive more services--in spite of the fact that they believed they could afford higher fees.

8.2 Caregiver/Parent Communication

Because family day care can be a uniquely personal child care arrangement, it was felt to be important to investigate the nature of the caregiver/parent relationship. The majority of parents (63%) had not been acquainted with their child's caregiver before making arrangements for family day care. Not surprisingly, prior friendships between parent and provider were much more common in unregulated and regulated care than in sponsored care. About half of the parents interviewed described their relationship with the provider as one of casual friendship; about one-third said they had a close personal friendship; and the remainder described their relationship as businesslike. Predictably, the closeness of the relationship was inversely related to the degree of regulation. Close personal friendships were also more frequent among Hispanics than among Whites or Blacks.

Some respondents felt that a close personal relationship was advantageous in dealing with issues between parent and provider--such as differences in attitudes or behaviors with respect to childrearing. Other respondents, however, felt that such closeness made it very difficult to discuss problems or parental dissatisfactions, especially if the provider was a relative. The demands of family or friendship sometimes conflicted with the parent's needs as a consumer. In general, however, parents felt that they were in agreement with their caregiver on important aspects of childrearing. Although parents and sponsored caregivers were not typically friends, these arrangements often enjoyed other, institutional resources that facilitated communications between parent and caregiver.

Let us now examine the parent/caregiver relationship in more detail. Section 8.2.1 provides a review of the type of information discussed on parents' initial visit to the home, as well as the flow of child-related information between parent and caregiver on a daily basis. Section 8.2.2 looks more closely at the parent/caregiver relationship by examining how caregivers handle disagreements between themselves and parents, and the frequency of these problems.

8.2.1 Parent/Caregiver Exchange of Information

Both caregivers and parents were asked about the types of things they like to learn before setting up a care arrangement. Comments from caregivers ranged from "not a thing" to extensive lists of items such as "any medical problems, allergies, what foods they like, sleeping and eating routines, and bad habits or problems. I also have the child come and play with my [day care] kids for a couple of hours to see if they'll fit in, and if my family likes them."

In general, the status of the child's health and individual food preferences are the types of information most frequently discussed; health was mentioned by two-thirds of the providers and eating habits by approximately one-half. Information about how to reach parents is also of common concern to many providers; slightly under 40 percent of those interviewed mentioned this topic. Notably, fewer than one-quarter of the NDCHS providers mentioned such information as parental discipline preferences, toilet training, child behavior problems, family background or the child's favorite toy or activity. But although the content may not be this specific, the vast majority like to know something about the child; only five percent said they did not ask for any information before accepting a child.

Parents in general were not as clear about what information to ask of caregivers. In the parent survey, parents discussed the information they requested from providers as well as the information that caregivers offered to them, prior to beginning a care arrangement. Tables 8.1 and 8.2 show that caregivers and parents are concerned about discussing similar issues. The issues most frequently discussed were nutrition, length of the day care day, and costs.

Table 8.1

Information Parents Asked of Caregivers Concerning Family Day Care Services in the Home--San Antonio and Philadelphia

(N = 243)

Information Sought by Parent	Frequency	Percent
Nutrition	84	35
Hours of care	60	25
Child schedule	49	20
Cost/payment	45	19
Group size/age mix	44	18
Recreation play	34	14
Supervision	28	16
Toilet training	23	9
Health	19	8
Facilities	17	7
Special services	16	7
Education	13	5
Regulation	8	3
Caregiver experience	8	3
Safety	6	2
Socialization	5	2
Transportation	3	1
Spoke to social worker	38	16
Other	9	4
TOTAL	509	

Table 8.2

Information Provided to Parents by Caregivers Concerning the Family Day Care Services in the Home--San Antonio and Philadelphia

(N = 243)

Information Provided by Caregiver	Frequency	Percent
Nutrition	129	53
Hours of care	60	25
Child schedule	51	21
Cost/payment	51	21
Group size/age mix	37	15
Recreation/play	61	25
Supervision	32	13
Toilet training	27	11
Health	14	6
Facilities	24	10
Special services	30	12
Education	23	9
Regulation	12	5
Safety	10	4
Socialization	11	5
Transportation	10	4
Spoke to social worker	35	14
Other	19	8
TOTAL	726	

In addition, caregivers often provided information on activities (recreation/play) and special services that they offered. Looking at the frequency of information/questions, caregivers appear to offer information to parents about the services they provide more often than parents ask such questions. This indicates a willingness on the part of caregivers to talk about their home and program to parents. This openness is typical of the relationships that exist between parents and caregivers.

Once the child has been in care for a time, parents and providers settle into an established relationship. To understand the nature and quality of this relationship, caregivers were asked what types of things they generally discussed with children's parents when children are dropped off in the morning and when they are picked up in the evening.

Although most caregivers feel that they need basic information before starting to care for a child, a substantial number (about 20%) felt that on a day-to-day basis such information was unnecessary. Caregivers felt that there was no need to talk when the child is dropped off in the morning unless there is a problem. Not surprisingly, caregivers who do feel the need for daily information from parents are most interested in knowing about a child's health (50%), if and how well the child has eaten (35-40%) and whether the child needs a nap (25%). Slightly less often, providers like to be informed about a child's toilet training/bowel movement (22%) and whether or not the child has had any behavior problems either that morning or the previous evening (15%). Providers who do talk to parents early in the day feel that the information helps them understand the mood the child is in, and what activities to plan for the day.

Providers generally do take time at the end of the day to talk to parents about the children. Caregivers mention talking to parents about "... if they [the children] had any special behavior problems, or if the child appears to be coming down with an illness, or if they learned something new like tying their shoelaces, or the ABCs." As one might expect, the child's behavior during the day is the most frequently discussed area; one out of every two providers talks about this topic with parents. Other areas of interest are how the child has eaten or slept and the general state of the child's health (25-50%). Somewhat less often, caregivers talk to parents about new skills or abilities the child has gained, or the activities that took place during the day (20%). However, the meaning of these responses is difficult to discern because the specific kind of communication between parent and caregiver is likely to depend on the age of the individual child. Parents of infants, for example, tend to be more concerned with a child's eating and sleeping schedule, and parents of preschoolers may be more interested in what new skills their child has learned over the course of the day. Basically, then, the type of information exchanged on a daily basis between caregivers and parents is focused primarily upon the child's daily routine and habits.

8.2.2 Parent/Provider Conflicts

Communication between parent and caregiver needs to focus occasionally on topics that are rather sensitive, and far from routine. Caregivers interviewed in San Antonio and Philadelphia were asked what they do if they feel parents do not take adequate care of a child--for example, if a child comes in wet or dirty or with an illness that has not been adequately treated. Approximately one-third of those interviewed indicated that this never occurred. Among the providers who indicated that this does happen occassionally, the majority both treat or clean the child and speak to the parents about it; very few caregivers (about 10%) simply treat or clean the child. Only three caregivers indicated that they feel it is important to go along with the child's parents regardless of the obvious problems. Thus, most caregivers assume an active role in protecting the children they serve from harm or neglect.*

Providers were also asked what kinds of things they disagreed with the children's parents about. Although the large majority (75%) indicated that they did not have any disagreements, when differences of opinion did occur, they most often centered around discipline and feeding the children. Almost all of these providers (86%) try to work this out with parents by talking with them or explaining the problem. One-third of the caregivers interviewed report that parents respond to such discussions by cooperating with the caregiver or going along with their point of view; in about 20 percent of the cases the situation stays about the same or a compromise is worked out. It is unusual that parents actually remove their child from care as a result of such an incident (10%).

In this regard it is interesting to note that when parents and caregivers were asked about attitude on issues of child care, including discipline, caregivers almost invariably held stronger opinions than did the parents. It is not surprising then that in cases of disagreement the caregiver's opinion often holds.

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*When providers do speak to the parents about this type of problem, they find that care of the child improves in about 70 percent of the cases. Only rarely (in two or three instances) did parents remove the child from care as a result of such an incident.

Although both topics discussed in the previous paragraphs are sensitive, less than half the providers indicated that there were instances when they wanted to talk to parents about things that were especially difficult to discuss. Not surprisingly, only one-third of providers felt that they had ever really had a bad experience with any of the children's parents. In half these instances, the experiences involved a conflict over the caregiver's rules or own needs--for example, over the caregiver's fees or schedule; issues concerning a parent's competence, such as suspicion of child neglect, were far less common (15%) though still significant. Usually, providers handle the burden of resolving such conflicts themselves, by trying to sway the parents into agreement, although occasionally a third party is called to mediate (20% of the time). Notably, very few caregivers simply yielded to parents' desires or preferences; fewer than 10 percent of those who had such a disagreement let the situation stand untreated. Caregivers thus maintain an assertive role in their relationships with parents.

Parents too have strong feelings concerning the communication between themselves and caregivers. As caregivers had mentioned, issues of discipline and feeding can be a source of conflict between themselves and parents. In Phase III parents were asked whether they felt it was important to agree with caregivers on a range of topics including child-rearing ideas. Overwhelmingly, 84 percent of parents responded that they felt that agreement with the caregiver was important on basic child-rearing philosophy. Twenty percent of parents felt that they had some differences with the caregiver on how to raise a child. This figure is quite consistent with the caregiver interviews where, as mentioned earlier, only 25 percent of caregivers mentioned disagreements with parents over discipline or feeding techniques.

In sum, the positive, high level of involvement between provider and parent is unusually high in family day care in comparison with other day care settings. The high correspondence of responses between parents and caregivers indicates that they are interested in pursuing a relationship that is focused on the child, but grounded in a friendship between parent and caregiver. Thus, the mutual concern and interest expressed by both caregivers and parents indicates that family day care provides a unique opportunity for all concerned: the child, the parent and the caregiver.

Chapter 9: COSTS OF FAMILY DAY CARE

The analysis of the costs of care in family day care homes is approached from two perspectives: that of the parent (or the government, in the case of many sponsored homes), and that of the caregiver. We will first discuss the cost to the parent (or government) of care for the child and the services that these fees buy. We will then present data on the earnings of caregivers and the costs they incur in managing a family day care home. In a concluding section, we will discuss the impact on the market of mandating different levels of caregiver earnings.

9.1 The Cost of Family Day Care to Parents or to the Government*

Most parents pay a certain hourly fee to keep a child in care. As is indicated in Table 9.1, the average hourly fee paid to a caregiver in a family day care home is $.59,** but the range in fees is quite large. The very lowest average fee in any type of home in the study's sample is $.44 per hour for the unregulated Black homes. The maximum average fee for any type of home is $1.00 per hour in the White sponsored homes. As is indicated in Table 9.2, the average weekly fee per child paid to a caregiver is $20.85. Weekly fees ranged from $16.54 for unregulated Hispanic homes to $31.80 for White sponsored homes.

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*Nearly all parents of children in regulated or unregulated homes absorb the total cost of child care; many parents of children in sponsored care are subsidized in part or in total by the government through Title XX or state programs. See the Family Day Care Systems Report (Volume V of the NDCHS Final Report) for details. In the present section we have not differentiated parents and the government as payers for care, but rather have combined these two groups to contrast the point of view of those who pay for care with that of those who are paid to provide care.

**These data were gathered in 1977 and 1978. Because of inflation, it is expected that costs in all categories have risen in the intervening years, so that these numbers are underestimates of current costs.

Table 9.1

Average Hourly Fee Per Child[a]

	Sponsored	Regulated	Unregulated	
White	1.00[b] (21)[c]	.68 (136)	.68 (114)	.70 (271)
Black	.62 (29)	.56 (81)	.44 (86)	.52 (196)
Hispanic	.58 (35)	.58 (48)	.45 (90)	.51 (173)
	.70 (85)	.63 (265)	.54 (290)	.59 (640)

[a] This table includes children who are cared for without charge.

[b] Mean fee charged per hour of care.

[c] Number of caregivers.

Table 9.2

Average Weekly Fee Per Child[a]

	Sponsored	Regulated	Unregulated	
White	31.80[b] (21)[c]	23.68 (149)	19.70 (128)	22.54 (298)
Black	24.68 (29)	21.61 (85)	16.57 (93)	19.78 (207)
Hispanic	24.49 (35)	21.42 (53)	16.54 (102)	19.37 (190)
	26.36 (85)	22.65 (287)	17.80 (323)	20.85 (695)

[a] This table does not include children who are cared for without charge.

[b] Mean fee charged per week of care.

[c] Number of caregivers.

The information in Tables 9.1 and 9.2 indicates that the fees paid per child vary considerably across regulatory status and ethnicity. Sponsored and regulated homes tend to have higher mean fees than unregulated homes. Similarly, White caregivers have higher fees than Black and Hispanic caregivers. A rough rule of thumb is that the more regulated the home, the higher the fee.

In general, as the number of hours a child is in care increases, the per-hour fee decreases. This occurs, in part, because many caregivers charge a daily or weekly fee regardless of the number of hours a child is in care. Thus, when a per-hour fee is calculated based on the actual number of hours per week that a child is in care, the rate decreases as day care hours increase.

Specifically, there is a large difference in fees for full-time and part-time children; part-time fees were significantly higher than full-time fees across all sites (except in sponsored homes in San Antonio, where part-time care was extremely rare). Across all children in the sample, the average hourly fee for a child in part-time care was $.83 and for a child in full-time care, $.54. This rate does not differ very much by age of child; that is, for example, the rate for preschool children is similar to that for school-aged children.

Fees charged to relatives of the caregiver are also lower than those charged to nonrelatives. This is demonstrated in Table 9.3, in that each mean hourly fee for homes with relatives in care is less than the mean for similar types of homes with no relatives in care. Overall, the mean fee in homes with a relative is $.47; in homes with no relative, it is $.64. The most substantial differences appear in unregulated care, where there is a 45 percent increase in fee from relative to nonrelative care.

Table 9.3

Average Hourly Fee Per Child by Whether or Not a Relative is in Care[a]

	Sponsored		Regulated		Unregulated	
	Relative	No Relative	Relative	No Relative	Relative	No Relative
White	1.09[b] (2)[c]	.98 (18)	.65 (16)	.68 (120)	.50 (21)	.72 (93)
Black	.55 (5)	.63 (24)	.54 (15)	.57 (66)	.35 (39)	.52 (47)
Hispanic	.62 (6)	.57 (29)	.45 (8)	.60 (40)	.44 (51)	.47 (39)
	.67 (13)	.70 (71)	.56 (39)	.64 (226)	.42 (111)	.61 (179)

[a] This table does not include children who are cared for without charge.

[b] Mean fee charged per hour of care.

[c] Number of homes.

One reason for the lower rate in homes with at least one relative is that free care is frequently provided for relatives. Of the 201 homes in the sample with at least one relative in care, 21 percent (42 homes) had at least one nonpaying child. In homes without relatives, only 3 percent (15 homes) had one or more free children. This free care is more common in unregulated homes, but is fairly evenly distributed across sites and caregivers of different ethnicities.

Fees may also vary for families with more than one child in care. Specifically, in San Antonio and Philadelphia caregivers were asked if they charged more, the same amount, or less for siblings in care. Two percent (five caregivers) said they charged more for siblings, 65 percent reported their charges were the same and 33 percent said they reduced the fee when siblings came together for care. (Caregivers were not asked whether reductions in fees were made for both children or if one child was charged full fee and additional children charged less, as the effect on families--that the family pays a lower total amount--is the same in both cases.)

9.2 Services for Parents

The fees parents pay for care of their child in a family day care home may buy some services not readily available in a center. One attractive aspect of family day care, from the parent's perspective, is the flexibility of the caregiver. Whereas arrival and departure times in centers are generally fixed, without much room for variation, family day care providers are more likely to be able to adjust schedules to permit some flexibility. Moreover, caregivers in homes often provide additional services such as overnight and weekend care or care for a sick child. In this manner, parents are often freed from the necessity of making several different arrangements for the care of a child over the course of the week. To assess the degree of flexibility and services available to parents, caregivers interviewed in the NDCHS were queried as to what services they typically provide for day care children and the extent to which parents are expected to drop off and pick up their child at scheduled times.

The majority of caregivers interviewed were willing to care for children who are mildly ill (see Table 9.4). Providers' flexibility or willingness to provide other types of special or after-hours care, however, was more limited. Across sites, only about one-third of the providers interviewed indicated they cared for children when they are

Table 9.4

Flexibility of Services in Family Day Care: Percentage of Caregivers Who Provide Each of Six Special Services

Special Services	Sponsored	Regulated	Unregulated	All Homes
Sick Care	89	86	89	88%
Flu, More Serious Illness	35	27	44	36
Evening Care	19	33	43	35
Overnight Care	15	27	33	27
Weekend Care	19	28	38	31
Unscheduled Care	8	25	24	22

seriously ill or during the evening; overnight and weekend care is found somewhat less often.* Moreover, most caregivers were very reluctant to provide care for children when it had not been arranged previously with the child's parents. Thus, although the potential for flexibility is much greater in homes than in centers, many family day care providers do not feel it is their responsibility to adapt their routines to provide these additional services.

Notably, the degree of adaptability varies considerably across both site and the regulatory status of the home; caregivers of White, Black and Hispanic origin, however, appear to be equally likely (or unlikely) to provide these special services. Sponsored providers in San Antonio and

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*These frequencies agree very well with those cited by parents and summarized in CSPD's Parent Study Component Data Analysis Report.

Philadelphia were consistently less flexible in the range of services they provided than caregivers operating independently in those sites. In Los Angeles, on the other hand, sponsored and nonsponsored providers were approximately equally likely to adapt their schedules to fit parental needs. These differences are due, in large part, to the way parents transact their business with providers.

Most of the caregivers affiliated with systems in San Antonio and Philadelphia have exclusive use arrangements with these agencies. The children in their care thus come through the system, and it is this system, not the provider, which handles most of the business aspects of the family day care arrangement. Parents in these homes may therefore not feel comfortable asking the caregiver to provide such services; these caregivers also may not feel professionally obliged to do so. In nonsponsored homes, on the other hand, and in those sponsored homes in Los Angeles which do not have exclusive use agreements, the family day care arrangements tend to be much more informal, and many caregivers and parents may view the provision of special services as natural. Thus, these caregivers probably provide such services as special favors to the parents they serve.*

Transportation of children is another service of interest to parents. Relatively few of the caregivers interviewed, however, took any of the day care children to or from home or school. Only about 15 to 20 percent of those interviewed provided this type of transportation; as with the other special services, very few sponsored providers viewed this as part of their responsibility.

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*The relationship between formality of the arrangement and services available is likewise supported by the differences between relative and nonrelative care providers in this area. In all instances, those caregivers serving a grandchild or other relative are far more likely to be flexible than those who are not, even when controlling for the regulatory status of the home.

Providers were also asked more specifically about their flexibility within a given day--for example, "Is there flexibility in the time when parents arrange to pick up their children or do you expect parents to pick up their children at a set time?" In both Los Angeles and Philadelphia, approximately 70 percent of those interviewed indicated that there is a set pick-up time; in San Antonio, however, only half of the caregivers interviewed expected parents to pick up their children at a specified time. Moreover, several caregivers arranged specified pick-up times for some children but remained more flexible for others; presumably this reflects providers' responsiveness to the needs of particular parents.

Across sites, sponsored caregivers were the most likely to have an established pick-up time, very likely reflecting a stronger professional attitude toward their jobs as family day care providers and the limits they set on their personal responsibility. As was found with the provision of other special services, however, sponsored caregivers interviewed in San Antonio and Philadelphia set this limit on care more often than any other provider group.

Not surprisingly, many caregivers reported that the day care children do sometimes stay longer than the caregiver has arranged with the parents: two-thirds of the providers in each site indicated that this sometimes happens. On average, children stay longer than scheduled once or twice a month. As might be expected, about three-quarters of the caregivers interviewed charged extra when children stay late. Notably, almost all sponsored providers (95%)

did so. Again, several providers in each site charged extra for some children who stay late and not for others, very likely for children of relatives or friends.

In sum, then, family day care providers do adapt their routines to meet a wide variety of parents' special needs, but the degree of flexibility appears to be largely a function of the formality or informality of the arrangement with the individual parent. The fees parents pay are primarily for care of healthy children within a specified set of hours, just as in day care centers.

9.3 Caregiver Wages

From the point of view of a parent paying for day care, child care may often seem to be an expensive service, even though from the caregiver's perspective child care income is very low. In this section our point of view shifts from that of the parent to that of the caregiver, as we look at the wages the caregiver earns. The following section will discuss the costs which she incurs in running a family day care home.

Table 9.5 displays the average hourly wage of caregivers in the sample, counting all the children in care. The average hourly wage of the 666 caregivers in this table is $1.25, although the range is from -$0.58 (where the caregiver is actually losing money) to $7.84. In general caregivers in sponsored homes tended to earn higher wages than those in regulated homes, who in turn earned somewhat higher wages than those in unregulated homes. White caregivers earned higher wages than Black or Hispanic caregivers. In Philadelphia, however, White caregivers in unregulated homes earned more than caregivers in sponsored and regulated homes, and Black caregivers earned wages between those of caregivers in sponsored and regulated homes.

Table 9.5

Average Net Hourly Wage per Caregiver[a]

	Sponsored	Regulated	Unregulated	
White	2.28[b] (37)[c]	1.66 (136)	1.12 (114)	1.53 (287)
Black	1.82 (41)	1.17 (82)	0.80 (86)	1.15 (209)
Hispanic	1.65 (35)	1.04 (45)	0.53 (90)	0.90 (170)
	1.92 (113)	1.40 (263)	0.85 (290)	1.25 (666)

[a] Net hourly wage is calculated as weekly revenue from fees minus weekly costs for food, supplies and insurance divided by the number of hours of care provided weekly. Where the cost of food, supplies or insurance was not known, zero cost was assumed.

[b] Mean wage.

[c] Number of caregivers.

To view caregiver wages in perspective, we must consider the relationship of their wage rates to wage rates in the population at large. Figure 9.1 illustrates the distribution of hourly wage rates for the caregivers in this sample and pinpoints significant wage rates along a continuum. For example, the minimum hourly wage in 1977 was $2.30, almost twice the average wage of family day care providers. The 1977 Poverty Line was set at wages of $2.88 per hour and the Low Income budget line was set at $4.81 per hour.

Histogram of Table 9.5

Average Net Hourly Wage per Caregiver

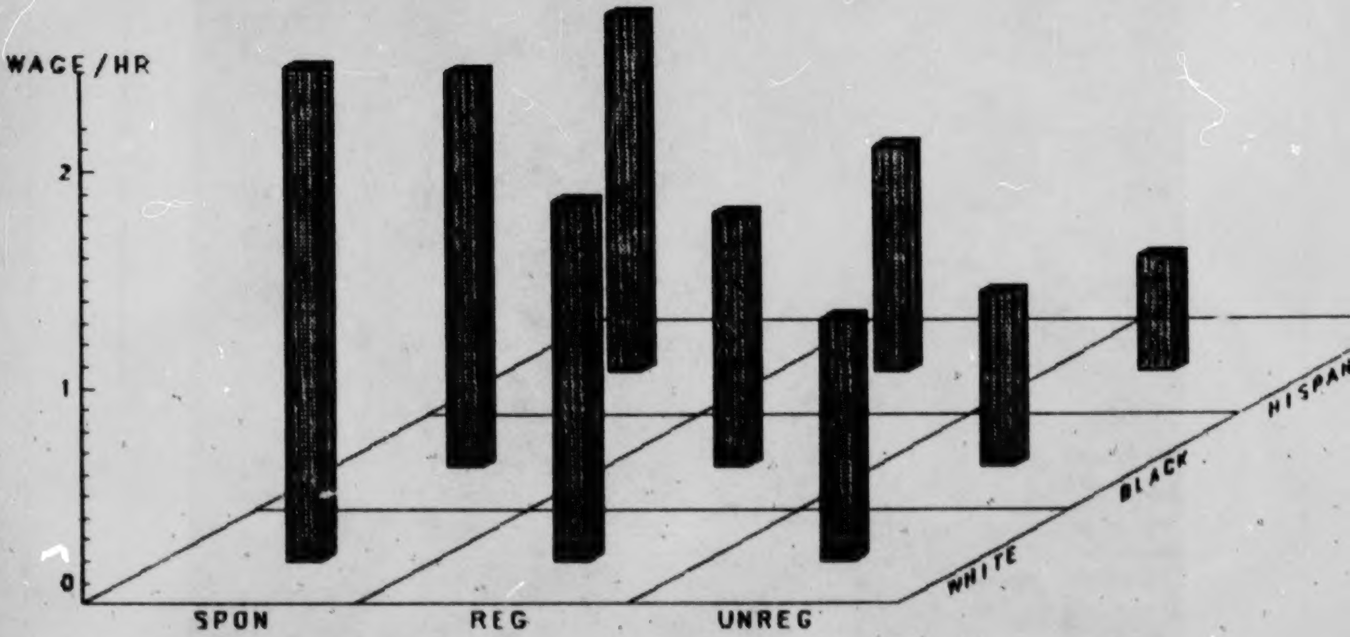
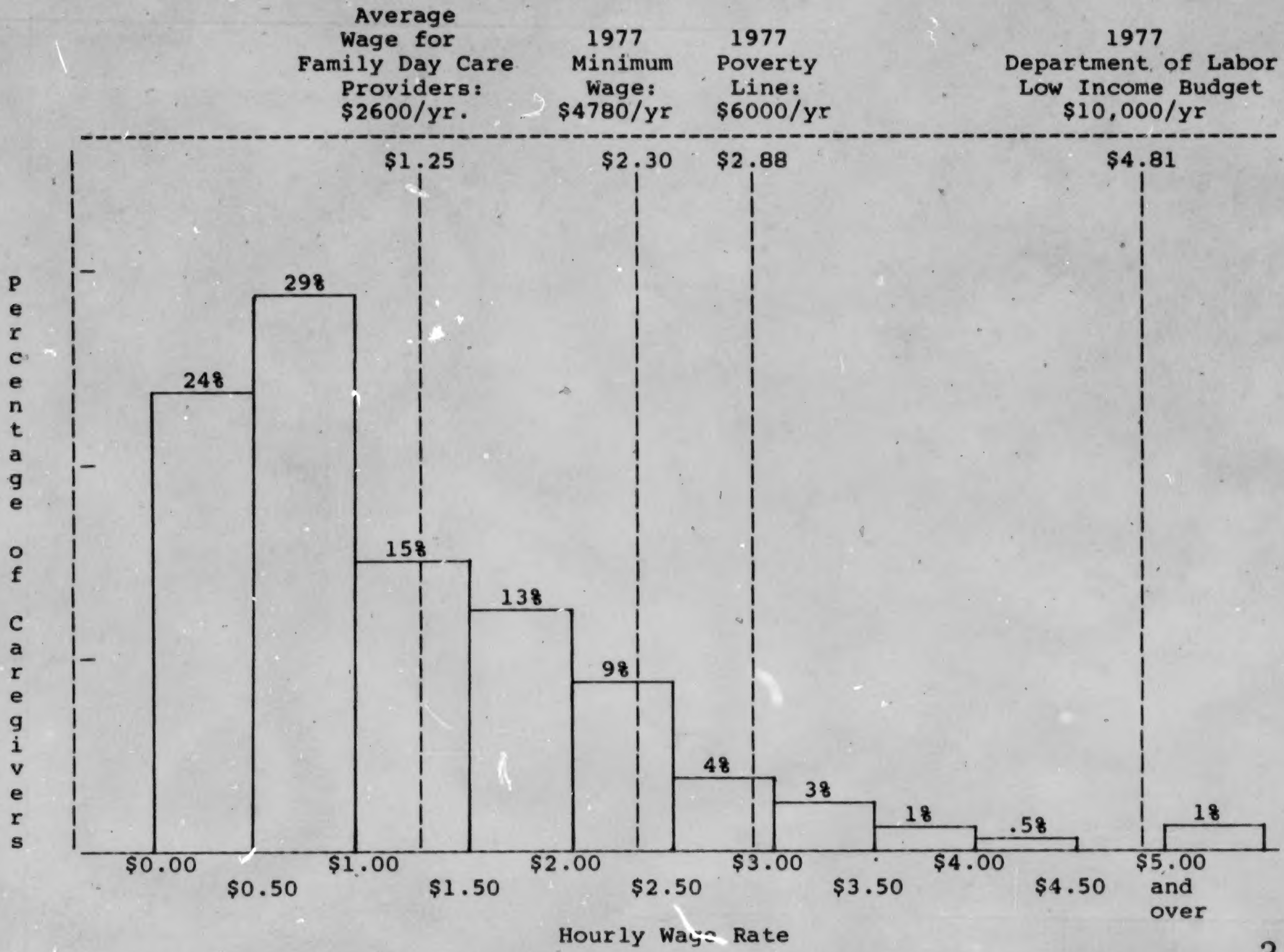


Figure 9.1

Distribution of Caregiver Wage Rates



Relatively few caregivers reach either of these amounts in their earnings from day care. Eighty-seven percent earn wages below the minimum wage; 94 percent have earnings below the Poverty Line and a full 99 percent are below the Low Income line.

Thus, although child care may be a significant cost for parents, it is not the case that providers earn a great deal of money from their jobs. Most caregivers are earning wages that would keep them significantly below the poverty line if child care were their only source of income.

Recall that Table 5.4 summarizes the total household income of family day care providers. The income they receive from day care is included in the figures. Their median income of $10,500 implies that most providers have another source of income in their households besides child care. However, the two or more sources of income taken together only permit the family to live slightly above the Low Income cutoff set by the Department of Labor (shown in Figure 9.1). The operation of a day care home appears to make the difference for these families between the Poverty Level income and a Low Income budget, but does not push their total income level far above this Low Income line.

Recall, too, from Table 5.5 that the distribution of caregivers whose only income source is child care is not even across ethnicity and regulatory status. For the Black sponsored caregivers in particular, of whom 80 percent earn no money beyond that for child care, these income levels are extremely low.

9.4 Weekly Revenues and the Costs of Care

The calculation of caregiver wages discussed in the previous section involved two central components:

revenue generated by the family day care home (generally from parent fees), and the costs to the caregiver associated with providing child care. Wages are computed from the following simple accounting identity:

$$W = R - VC - FC$$

where: W = gross wages per week;

R = total weekly revenue, the product of enrollment and mean weekly fees at the home level;

VC = the variable costs associated with child care; in this case, the costs of food and supplies; and

FC = the fixed costs associated with child care; in this case, insurance.

Dividing these gross weekly wages by hours of caregiver work per week allowed the more meaningful discussion of hourly wages. In the present section we will discuss each of the pieces of this identity (revenue, variable costs and fixed costs) in order to understand the components of the cost of care.

9.4.1 Revenue

As defined in the above equation, revenues per week are computed by multiplying weekly enrollment by the mean weekly fee charged per child. Although this measure ignores the effects of extreme variations in scheduling and attendance, it offers the best approximation of the provider's stable income over time.

Table 9.6 displays the mean weekly revenue for NDCHS caregivers, separating those who have one or more relatives in care from those who do not (the associated

Table 9.6

Average Weekly Revenue from Fees By Whether or Not a Relative is in Care[a]

	Sponsored		Regulated		Unregulated		Total
	Relative	No Relative	Relative	No Relative	Relative	No Relative	
White	128.70[b] (3)[c]	123.60 (34)	86.13 (17)	96.80 (132)	56.50 (27)	59.61 (101)	84.00 (314)
Black	123.36 (6)	130.07 (35)	79.83 (16)	79.52 (70)	40.41 (40)	64.60 (53)	78.07 (220)
Hispanic	82.95 (6)	93.99 (29)	65.35 (10)	72.50 (43)	28.74 (58)	30.56 (45)	52.55 (191)
Total	108.26 (15)	117.15 (98)	78.95 (43)	87.60 (245)	38.47 (125)	54.37 (199)	
	115.97 (113)		86.31 (288)		48.23 (324)		73.92 (725)

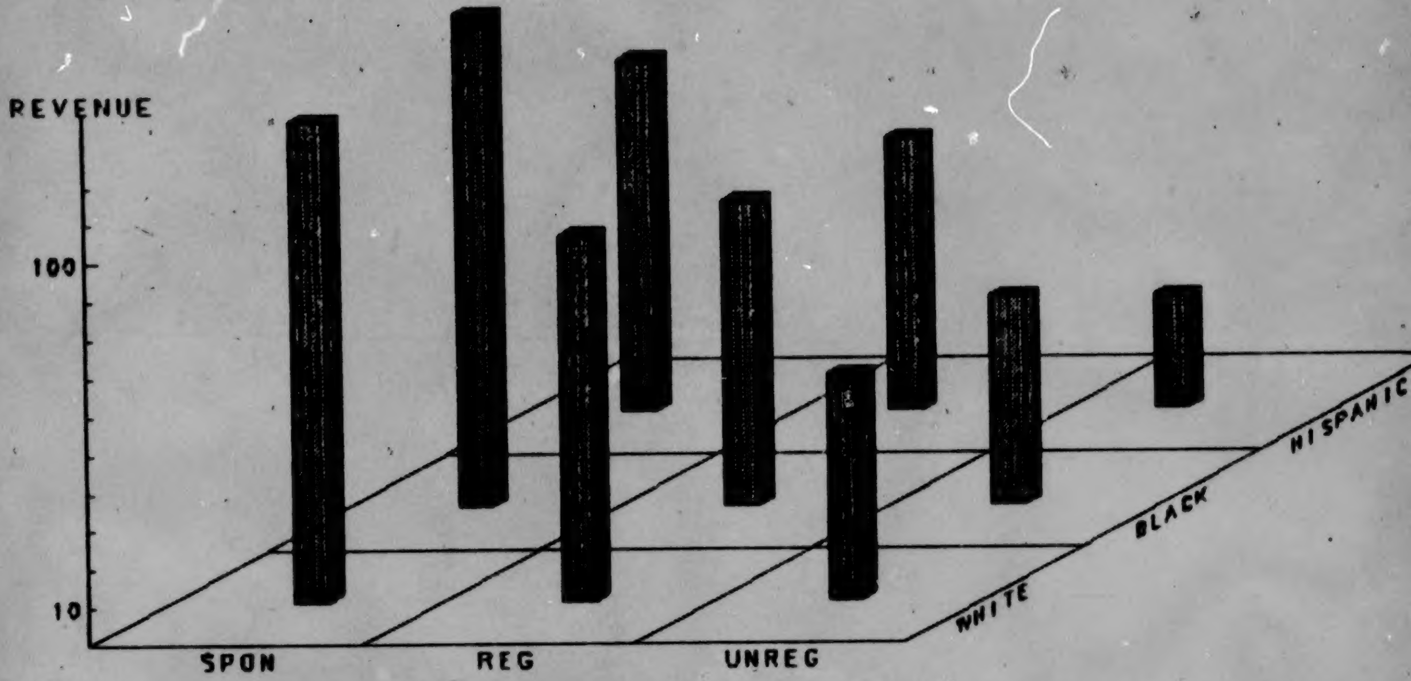
[a] This table includes children who are cared for without charge.

[b] Mean weekly revenue.

[c] Number of caregivers.

Histogram of Table 9.6

Average Weekly Revenue from Fees
(Including Relatives and Nonrelatives)



histogram displays the average weekly revenue for caregivers). Across all groups of homes, the average weekly revenue from child care is $73.92. If this amount represented net income, it would mean that caregivers earned an annual salary of $3,844. However, to reach the net income or wages of caregivers, costs associated with care must be subtracted from this amount.

Because the same information is presented here as was presented in Section 9.1, similar patterns exist across regulatory status, caregiver ethnicity, and the presence or absence of a relative in care. Sponsored homes showed higher weekly revenues than regulated homes, and regulated homes higher than unregulated homes.* White caregivers tended to have higher revenues than Black or Hispanic caregivers. Philadelphia had the same exceptions as those cited earlier. Revenues were lower in homes with a relative in care than in those without a relative.

In general, then, revenues from providing child care are not high when they are considered as income on their own. To understand their disposition, we need to go on to understand the costs of care. Analyses of family day care home costs can identify three distinct categories of cost which arise from the provision of care. The first two categories--variable costs and fixed costs--are represented by actual expenditures of cash and may be considered accounting costs. Some or all of these may be met or reimbursed by a sponsoring agency or public assistance program, and the remainder might be passed on through fees to parents or sustained by the caregiver herself.

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*In the Family Day Care Systems Report, the mean revenue for caregivers was reported to be approximately $101 per week, somewhat lower than the $116 reported here for sponsored caregivers. This difference is due to the fact that here we report total family day care income. In the Systems Report, only income monitored by the system is reported. Many sponsored homes do not have exclusive use agreements and take additional children at higher fees than are charged for children sent by the system.

The first of these--variable costs--are determined chiefly by the size of enrollment or the number of hours of care provided. These costs rise and fall with the quantity of care provided and, presumably, fall to zero when care ceases. The second category--fixed costs--includes all costs which, once incurred, are independent of the quantity of care provided. Expenditures for housing, utilities and certain types of liability insurance, as well as renovations and some larger toys and appliances, are fixed costs. Some of these actually imply a level of investment in the provider's business and may contribute to the value of her home. Others, like utilities and insurance, are simple periodic expenses.

The third cost category is more subjective. This is the component of total cost that exceeds out-of-pocket expenditures and requires an assignment of imputed values to the resources consumed in the provision of care. Costs of this type may be in the form of assessments for donated supplies or equipment or the volunteered services of an individual, most commonly the caregiver herself. Attempts to elicit estimates of these costs from caregivers were not successful. Most people do not keep records of the additional time they spend on day care, related activities or on the efforts other mothers or friends make to help them. So the costs of such contributions are not discussed in this chapter, but a thorough presentation of them may be found in the Family Day Care Systems Report. It should be noted that if these costs had been computed, they would increase the cost of child care and decrease caregiver earnings.

In computing costs, it was necessary to remove the effects of regional price differences. To do this, indices were computed for each item using Los Angeles prices in 1977 as a base and dividing costs in the other sites by those indices to deflate them.* Table 9.7 gives the indices for all expenditure categories analyzed in this report. These numbers are expressed as divisors to allow a simple comparison of interregional price variation by commodity. For example, one dollar's worth of food in Los Angeles would cost $1.07 in Philadelphia and $1.03 in San Antonio. Note that these comparisons are valid for 1977 prices only. Differing inflation rates across sites have almost certainly changed the price differences among them in past and future years and may even have altered their relative positions for some goods.

9.4.2 Variable Costs

Like most business firms, the family day care home experiences a rise in out-of-pocket costs as the provision of care increases. This rise may be a constant proportion of the change in hours of care provided, but this need not necessarily be the case. The rate of change of costs depends upon the efficiency with which the home is managed and also upon factors not fully within the provider's control, such as the ages and special needs of the children in care, the equipment and facilities available and the nature of the care she is expected to offer.

Two significant variable costs are evaluated in this section: food and supply expenses. Our data sources

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*These indices are not strict measures of pure price differences across regions on a commodity level. If they were, we would have to assume that the goods used in computations were qualitatively the same across locations and that purchasing patterns were very similar.

Table 9.7

Selected 1977 Regional Price Indices
(Los Angeles Prices = 1.0)

	Goods[a]			
Site	Food	Supplies[b]	Housing	Utilities[c]
Los Angeles	1.00	1.00	1.00	1.00
Philadelphia	1.07	0.99	1.00	1.18
San Antonio[d]	1.03	1.06	0.96	0.95

[a] Insurance costs need not be adjusted since they are reasonably constant across the country.

[b] An index for "Apparel and Upkeep" was used in place of the more broadly defined group of "Supplies," which could not be constructed from available data.

[c] Midpoints of the range of statewide residential electric bills were used for utility indices.

[d] 1977 prices for the city of Dallas were used in place of San Antonio data.

SOURCE: Computed from U.S. Department of Commerce, Bureau of the Census, Statistical Abstracts of the United States, 1978.

do not permit a measure of the relative share of all costs accounted for by these two items, but they are expected to be the largest of all nonlabor components.

Table 9.8 shows average weekly expenditures; across all categories, the mean was $5.67. Sponsored homes incurred higher food costs than regulated or unregulated homes. Black and Hispanic caregivers spent more on food than White caregivers. The amount spent on food was very similar across sites.

Supplies consisted of any nondurable equipment and materials, and also included cleaning materials, toothpaste, paper products and most toys. The weekly cost of such supplies is shown in Table 9.9, and it appears that such costs are of little importance in the total cost of care. The overall mean was $1.55 per week per child, and with the exception of regulated Hispanic homes, the costs ranged between $1.00 and $2.00 per child. Unregulated homes incurred the lowest of these costs, a reasonable finding as they have no compulsory expenditures and their informal care arrangements might include similarly informal arrangements to obtain supplies through donations and loans.

The phenomena of economies and diseconomies of scale hold some interest for policymakers and administrators in family day care because these may be sources of potential savings or unanticipated costs as home enrollments change. Economies of scale occur when an expansion of care leads to a decline in the average or per-child cost of providing care. This case might arise, for example, when an initially costly but durable item is made available to more and more children. In the case of food we might expect that the indivisibility of some food goods (a can of soup or a head of lettuce) will lead to more waste if only

Table 9.8

Average Weekly Expenditure per Child for Food

	Sponsored	Regulated	Unregulated	
White	5.46[a] (24)[b]	4.78 (81)	4.43 (77)	4.72 (182)
Black	8.38 (40)	6.19 (49)	6.18 (56)	6.79 (145)
Hispanic	4.13 (7)	5.69 (35)	6.05 (52)	5.78 (94)
	6.97 (71)	5.39 (165)	5.42 (185)	5.67 (421)

[a] Mean cost per child.

[b] Number of homes.

Table 9.9

Average Weekly Expenditure per Child for Supplies

	Sponsored	Regulated	Unregulated	
White	1.39[a] (33)[b]	1.26 (80)	1.09 (67)	1.22 (180)
Black	1.77 (55)	1.65 (57)	1.39 (65)	1.59 (177)
Hispanic	1.53 (22)	3.62 (37)	1.07 (48)	2.05 (107)
	1.61 (110)	1.89 (174)	1.19 (180)	1.55 (464)

[a] Mean cost per child.

[b] Number of homes.

a few consume them than if the goods can be distributed among many. Scale diseconomies represent the opposite effect. They can reflect the costs of congestion and the caregiver's declining control over efficient spending that may accompany expanded service. For example, more children might mean more broken toys, resulting in added costs for cleaning up and for the replacement of toys.

An attempt was made to identify the effects of scale, measured in terms of enrollment, on the average costs of food and supplies. The procedure involves a simple regression of average cost on enrollment, testing to see if changes in cost per child are associated with changes in enrollment. The results showed that changes in costs were not significantly affected by a change in enrollment, nor were they affected by an alternative measure, the number of hours of care provided. Neither definition showed either economies or diseconomies of scale; adding more children or more hours of care does not mean that money is saved per child or per hour of care.

9.4.3 Fixed Costs

Several justifications exist for the a priori notion that expenditures for housing, utilities and insurance are fixed with respect to the quantity of care provided in family day care homes. First, with regard to housing, the costs are analogous to those incurred by more developed manufacturing firms that invest in plant and equipment for the production of their goods. Because of the bulk and infrequency of these purchases, no association can be made between them and any quantity of goods produced by the company. As the amount of goods produced expands, total fixed costs are spread over more and more units so that average or per-unit fixed costs decline. In family day care homes, the small number of children may have no influence on that household's decision to build for more space or renovate the property, but where this does take place, we expect the cost per child of such improvements to drop if enrollment expands.

Utility expenses are less clearly fixed costs where care is concerned. Logic suggests that little if any increase in the use of electricity for lighting and gas or oil for heat should be observed if the provider has children of her own who would place demands on utilities while at home. If a room is lighted for one child, it provides light for several, and similarly the heating of a home gives benefits to anyone present. Telephone use and the gas or electricity necessary to cook meals may vary with enrollment, but for the number of children involved, these differences from normal household operation should be slight.

Finally, the costs of insurance should be constant, primarily because of the design of policies that cover situations such as the in-home care of someone else's children. If these policies do not give blanket coverage for any reasonable number of children, then they are likely to stratify the various plans by ranges of enrollments. Therefore, within any range the marginal insurance cost of an additional child is zero.

The data available to test these hypotheses are very limited. This is primarily a result of the informality with which costs are measured and accounted for in family day care homes. A further complication for housing and utility costs is the difficulty of apportioning these between day care and normal household operation. For housing, this problem cannot be resolved in the present study.

Instead, we shall describe total housing costs of a family day care home with respect to a limited number of the characteristics of care.

A series of partial correlation coefficients were computed to identify the extent to which housing costs change with enrollment and total household income (see Table 9.10). As expected, housing and utility costs correlate significantly with income (r = 0.167 and r = 0.160, respectively).* These results are supported by the findings of numerous economic studies of consumer behavior as well as simple intuition. People with higher incomes live in larger homes and incur higher housing-related costs. Enrollment, however, is not related to housing costs (r = 0.001). This suggests that the cost of running a day care home does not affect housing costs, but we need to explore one further avenue before accepting this conclusion. The effect of managing a family day care home may have been in the form of a one-time investment in home improvements. This would imply a truly fixed cost of care which was recovered over a period of years when no further expenditures would be made for this purpose. To examine the possibility that one-time renovations of some consequence took place, a series of frequency distributions were run on the Los Angeles subsample of homes.** Only 18 of the 141 homes used for cost analysis in Los Angeles reported any renovation costs associated with starting or operating a day care home. After eliminating two clear outliers which reported costs of $15,000 and $25,000, the mean renovation cost was $123. Eighty-eight

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*These results need to be considered with caution. Although they are statistically significant and are consistent with our expectations, the r^2s for these correlations reveals that less than 3 percent of the variance is in housing costs. From a practical standpoint, this is very little explanatory power.

**The question asked of Los Angeles providers was the dollar cost of any improvements to their homes made for day care purposes only. Similar data were not gathered at other sites.

Table 9.10

Partial Correlation Coefficients among Income, Enrollment and Fixed Costs Controlling for Type of Home, Site and Ethnicity of Caregiver

	Income	Enrollment	Housing	Utilities	Insurance
Income	1.00[a] (683)[b] ---[c]				
Enrollment	0.022 (675) n.s.	1.00 (793) ---			
Housing	0.167 (385) 0.001	0.001 (458) n.s.	1.00 (466) ---		
Utilities	0.160 (384) 0.002	0.059 (457) n.s.	0.102 (457) 0.029	1.00 (465) ---	
Insurance	0.062 (314) n.s.	0.003 (381) n.s.	0.039 (381) n.s.	-0.007 (380) n.s.	1.00 (389) ---

[a] Correlation.

[b] Number of homes.

[c] Significance of correlation; n.s. indicates that the correlation was not statistically significant at the .05 level.

percent of the subsample reported no costs. The conclusion must be, then, that housing costs to the provider are unaffected by the presence or scale of a family day care home business.

Average household utility expenses are given in Table 9.11. Regulated homes stand out as having higher utility costs than other types of homes and homes with Hispanic caregivers are notable for their lower utility costs. The latter finding is of little impact in that the study was designed to have no Hispanic homes in Philadelphia, the city in the coldest climate and presumably requiring greater use of utilities. The former finding is more difficult to explain. Philadelphia homes are not more highly represented among regulated homes than other types of homes, so climate is not the reason for differences in utility costs in this case. Some habits in the use of electricity and gas may differ, but the reason is not clear.

Table 9.11

Average Weekly Cost per Home for Utilities

	Sponsored	Regulated	Unregulated	
White	20.07[a] (33)[b]	26.22 (81)	20.62 (68)	23.01 (182)
Black	19.88 (55)	29.10 (56)	21.00 (65)	23.23 (176)
Hispanic	16.08 (22)	16.56 (37)	13.27 (48)	14.99 (107)
	19.18 (110)	25.09 (174)	18.81 (181)	21.25 (465)

[a] Mean utility cost.

[b] Number of homes.

The problem of assessing the care component of fixed household expenditures was referred to briefly above. For utility expenses the difficulty is reduced somewhat by a series of questions appearing in the instrument which identified the homes where providers believed they had purchased additional utility services because of their day care business. The questions were of the following general form.

> "Do you spend extra on (type of utility) as a result of providing care?" (YES, NO)

The sample was divided according to the answers to these questions, and one-tailed t-tests were performed to detect differences in mean utility expenditures between those giving affirmative and negative responses. No significant differences were detected in expenditures for any utility service between these groups. If our sample of family day care homes had been randomly selected, a fair conclusion from these tests would have been that no important effect on household utility bills results from family day care home operations. However, in the absence of such a randomly selected sample, such a conclusion could only be supported by a comparison of household utility costs before and after the provision of care began. No data for before care was provided are available, making conclusions in this mattter merely speculative.

Table 9.10 shows that no correlation exists between the size of enrollment and the amount of insurance the provider purchases against injury to the children for whom she cares. However, this appears to be due to reasons unlike those which explain the lack of influence of care-giving on other so-called fixed costs. The question asked of providers about insurance pertained to expenditures made specifically for her caregiving operations. As described above, these costs need not relate to the size of enrollment within broad limits but merely to the presence of unrelated children in her home. Insurance costs, then, are a justifiable inclusion among the costs of caregiving, although other housing and utility costs are not.

The average weekly cost of insurance per home for all homes in the sample was very low because 340 of the 389 homes with cost data spent no money on insurance. If one calculates the mean only for those homes that do pay for insurance for child care, the mean weekly cost is $1.51 for a yearly cost of about $80. For the sample as a whole, sponsored and regulated homes were more likely to have insurance than unregulated homes because insurance is often a requirement for licensing or sponsorship. Differences between caregivers of different ethnicities are not consistent. Basically, few caregivers purchase insurance so that, overall, the cost of insurance for caregiving is very low.

9.4.4 Weekly Net Income from Caregiving

In order to determine net income from caregiving, the costs of food, supplies and insurance must be subtracted from the revenue a caregiver receives from parent fees. These computations are summarized in Table 9.12. Two means are presented for each category of regulatory status and caregiver ethnicity, a minimum and a maximum for the cell. Two calculations were necessary because of the large number of homes for which data were missing for one or more of the cost variables of food, supplies and insurance. The minimum estimate (also the most likely) was calculated by taking the average weekly revenue in a cell and subtracting the average costs of food, supplies and insurance of homes within that cell. Such a computation has the effect of creating a reasonable estimate of net income which, if anything, is lower than the actual net income. The maximum estimate of net income was calculated by assuming that the missing costs for food, supplies and/or insurance were, in fact, zero. In this case, if a home were missing all data on food, supplies and insurance, net income would be equivalent to revenue from fees, and this maximum would be a clear overestimate of net income.

The average weekly net income per home was thus between $50.27 and $62.09 for the 723 homes in this sample. As revealed in Table 9.12, sponsored homes have somewhat higher incomes than regulated and unregulated homes; White caregivers earn higher incomes than Black or Hispanic caregivers. And, once again, if these weekly figures are translated into yearly income figures, caregivers can be seen to earn an average of $2614 to $3229, substantially below the Poverty Level as defined in Figure 9.1.

9.4.5 Further Analyses of Net Income or Wages

The last step in this analysis of revenue and the costs of care was to partial out the variables that accounted for differences in wages from caregiver to caregiver. This involved a series of linear regressions of net hourly wages (weekly net income divided by the number of hours of care) on background characteristics of caregivers (years of experience in day care, years of education), total household income and source of income (only from day care versus some from other sources), type of home, site, caregiver ethnicity and number of children enrolled.

Before presenting regression results, it should be noted that the sample with complete data on all of these variables (196 homes) is much smaller than the total sample

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Table 9.12

Average Weekly Net Income per Home from Caregiving

	Sponsored	Regulated	Unregulated	
White	103.54[a] 111.80[b] (38)[c]	69.75 82.26 (149)	44.75 51.05 (128)	63.78 73.14 (315)
Black	90.83 108.22 (41)	49.19 62.25 (86)	32.87 42.00 (93)	48.93 62.26 (220)
Hispanic	76.00 86.79 (35)	35.91 52.29 (51)	16.41 24.01 (102)	30.85 43.37 (188)
	86.11 102.84 (114)	57.11 70.90 (286)	32.16 39.91 (323)	50.27 62.09 (723)

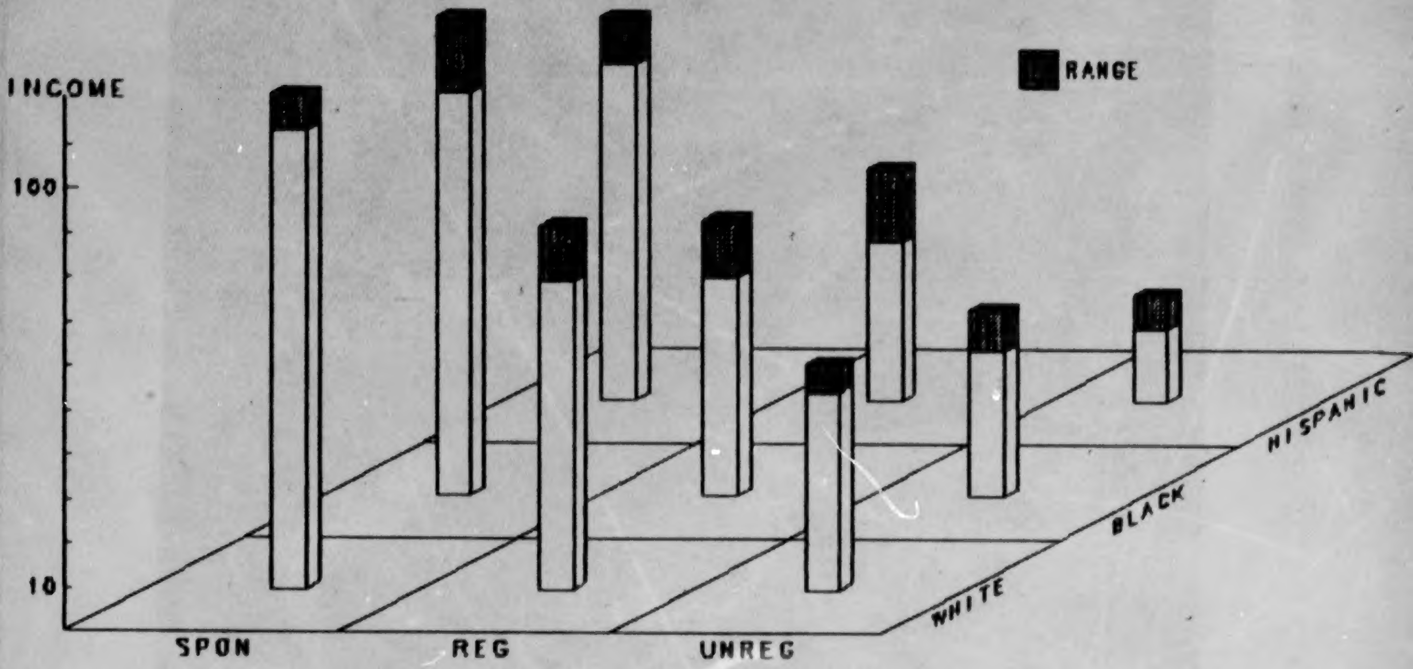
[a] Minimum estimate of mean net income. This was calculated from average weekly revenue minus the mean weekly costs of food, supplies and insurance.

[b] Maximum estimate of mean net income. This was computed by assuming the costs of insurance, food and supplies to be zero when data were missing.

[c] Number of caregivers.

Histogram of Table 9.12

Average Weekly Net Income per Home from Caregiving



(793 homes). In particular, the sample for the regressions has many fewer sponsored homes than regulated and unregulated homes, and fewer Hispanic homes than White and Black homes (see Table 9.13). Sponsored Hispanic homes are particularly underrepresented (as they are in the entire sample). However, each cell of the reduced sample is reasonably representative of the homes in that cell (except for the sponsored Hispanic cell); the regression results are therefore meaningful.

Several results are very clear from the stability of the regression coefficients across the regression models that were tested. First, enrollment has the single strongest positive influence on wages. The most substantial way to increase caregiver wages is to accept additional children into the home. Second, caregivers with generally higher total household incomes earn more money for caregiving. Third, personal characteristics of the provider, except for ethnicity, are insignificant. Years of experience in day care and years of education do not affect wages. With regard to ethnicity, however, there is a consistent finding that White providers earn more per hour than other caregivers, regardless of site and regulatory status.

Table 9.13

Distribution of Homes in the Wage Analyses

	Sponsored	Regulated	Unregulated	
White	17	47	29	93
Black	12	23	30	65
Hispanic	1	17	20	38
	30	87	79	196

9.4.6 Summary

The mean revenue generated by family day care homes was $73.92 per week. When the costs of care (food, supplies, insurance) are removed from this revenue amount, the net income of caregivers is between $50.27 and $62.09, meagre by most standards. Regression analyses show that caregiver earnings are higher among homes with larger enrollments, homes where the total household income is higher, and homes where there is a White provider.

9.5 Further "Costs" to Caregivers: The Long Work Week, Little Sick Time and Vacation Time

The nature of family day care is such that caregivers must work long hours. Children are typically dropped off by parents on their way to work and picked up some time in the early evening on their way home. An individual child thus spends not only the portion of the day the parent is at work with the caregiver, but also the portion of the day that the parent spends commuting to and from work. When added on to the typical 30- to 40-hour work week of most parents, this produces a caregiver work week in excess of 40 hours.

The caregiver work week is likewise affected by the possibly staggered schedules of the day care children. It is the rare home in which all children come and go at the same time; on the contrary, arrival and departure times are generally arranged for the convenience of the working parent. Thus, some children may arrive as early as seven or eight but leave earlier in the day, while others may not arrive until eight-thirty or nine but stay considerably after six. This uneven scheduling similarly lengthens the caregiver work week considerably beyond the typical work week.

These two factors, then, explain why the vast majority of caregivers interviewed in the NDCHS work long days, producing a total work week of 40 to 60 hours; across sites, the average work week is 50 hours long. An additional 10 percent of the caregivers provide care in excess of 12 hours a day, and some even provide overnight or weekend care as part of their regular service, producing a work week in excess of 100 hours. The remaining 15 percent serve children for fewer than 40 hours a week, and, in our entire sample, only 7 percent serve children for fewer than 30 hours. The provision of family day care services is obviously a full-time job in the truest sense of the word.*

Despite the long, hard hours these women work, many do not take any time off (except when parents keep their children at home) and even fewer get paid for days that they do take off. Not surprisingly, many more sponsored providers have this opportunity than do their independent counterparts. Most sponsored providers (85%) have taken some time off--sick time, vacation time, holidays or personal leave--and, depending upon the practices of the individual agency, have been paid for this time. One agency in Philadelphia that pays caregivers a set wage includes liberal amounts of paid sick and vacation time as well as holidays as part of their agreement with providers, and most systems include some amount of paid time off.

Nonsponsored providers, on the other hand, typically do not have the luxury of any time off, let alone paid time off. Across sites, only about 40 percent of the nonaffiliated caregivers interviewed had taken any time off and even fewer (less than one-third) had received any money from parents for this time. Among these providers, paid sick and vacation time is virtually unheard of, but those who get paid for some time off typically receive money for one to four holidays a year.

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*It is interesting that no differences in the caregiver's work week were noted across sites, ethnicity or the regulatory status of the home; in all these domains, the average caregiver works a 10-hour day.

On those occasions when a caregiver is either sick or taking time off, a substitute arrangement is generally made by the caregiver; approximately three-quarters of the caregivers interviewed indicated that they have a replacement in the event that it is necessary. As sponsored caregivers are most likely to take time off and also because an agency is best equipped to supply a substitute caregiver, it is not surprising that the vast majority of the system providers make alternative arrangements if they can not provide care. The majority of nonsponsored providers also have a replacement, but many providers in this group do not have such a substitute; parents of children in regulated and unregulated homes are therefore sometimes left to their own devices to find an alternative arrangement if the caregiver cannot provide care.

To round out the picture of caregiver hours, providers were asked whether or not they are satisfied with the number of hours they currently work. Given the long hours of most of these providers, with relatively little or no time off, it is not surprising that only a handful would care to increase their work day. Most would not like to decrease their work day either; only about one-quarter of those interviewed would like to curtail their hours. In essence, then, most family day care mothers view the long hours and minimal time off as part of their job and do not express much dissatisfaction with this routine.

9.6 Income Taxes

It is clear from these cost data that family day care is not a very lucrative occupation. Fees are low, hours are long, and there are many operating costs and business expenses that frequently absorb almost all the money providers take in. Income taxes may deplete earnings further. To assess caregivers' cognizance of the income tax system as it relates to their business, and the options available to them in this regard, NDCHS caregivers were asked a variety of questions concerning their income taxes.

Despite the fact that by law, every United States resident must file a federal income tax return, a large proportion of family day care providers interviewed in each of our three study sites reported that they did not. Nineteen percent of those interviewed in Philadelphia and San Antonio and 35 percent of those in Los Angeles did not fill out a tax form. In each site, White providers from all three regulatory statuses were more likely to file a return than their Black and Hispanic counterparts. Moreover, unregulated providers were most remiss in this regard and regulated providers were the most conscientious; over one-quarter of the unregulated Philadelphia and San Antonio providers and over one-half of the Los Angeles unregulated providers did not file. On the other hand, less than 20 percent of the regulated providers in each site did not file. This pattern once again emphasizes the isolation of unregulated providers from government institutions and the integration of regulated providers into this network.

The fact that a tax return was filed, however, does not necessarily imply that the income earned from family day care was declared. Among caregivers who filed, only 28 percent of those in Philadelphia, 48 percent of those in San Antonio and 64 percent of those in Los Angeles declared the money they earn as a result of taking care of children on their income tax returns. Relative to the general level of reporting in each site, White providers more often reported their family day care income than did their non-White counterparts. Regulated providers, too, as a group, are far more likely to report their income. Thus, once again, those providers who have bothered to become certified (either through licensing or registration) are most likely to abide by federal law, which states that all earned income must be declared.

Unfortunately, many caregivers who filed and declared their income were unaware of the tax advantages and savings that are available to them because they are family day care providers. Only 43 percent of these NDCHS caregivers knew that they could take tax deductions to offset their business expenses. In keeping with the general level of awareness among the three provider groups, it is not surprising to find that unregulated providers were consistently the least aware of their options (only 24%) and regulated and sponsored providers were the most aware (50% for both groups). Thus, there are many family day care providers operating who may be paying more federal income tax than required because they are unaware of the deductions they can take.

Among those who filed, declared their income, knew what deductions are available to them and took advantage of those deductions, food costs were the most commonly reported operating expense; over 90 percent of these providers cited this item.* Supplies (30%) and occupancy-related expenses

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*Note that the sample size for this analysis is rather small--in total, only 60 providers in Philadelphia and San Antonio fit this description.

(33%) were the next most commonly reported. Less frequently cited items were operating expenses (e.g., advertising) and insurance.

All caregivers who filed and declared their income were then specifically asked if they declared any business expenses or depreciation.* Half of these providers stated that they reported child care business expenses such as electricity, gas, telephone or part of the rent or mortgage payments; once again, regulated providers were most likely to do so (60%) and unregulated providers were the least likely (only 13%). Although wear and tear on the home and furniture was less likely overall to be declared (29% of the providers did so), the differential between regulated and unregulated providers still remains striking (48% vs. 8%).

Considering their relative ignorance of the federal income tax system, it is not surprising that there was uniform agreement among family day care providers in all three sites that a tax booklet would be helpful. In general, these women are isolated from the support systems that might provide them with such information and would be anxious to receive some assistance in this regard. They earn little money and need to know their options within the law.

9.7 Conclusions

From a parent's or the government's perspective, family day care may appear a costly endeavor. An average of $.60 per hour must be paid for the care of each child, and as many children are in care for 40 to 50 hours a week, this expense could easily exceed $30 per week. For these fees, parents are gaining safe care for their children, including mildly sick children, and possibly a caregiver willing to extend the time of care into evening or weekend hours.

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*The sample size for this analysis was slightly larger; 180 providers across all three sites responded to this question.

From a provider's perspective, family day care is not a lucrative profession. The average weekly wage for providing care is $50.27 to $62.09 after payments are made for food, supplies and insurance. As a result, many caregivers' earnings are significantly below the Poverty Level. They work long hours, frequently have no provisions for sick time or for vacations, and often do not even recognize the tax advantages for which they are eligible.

One central policy question with regard to the cost of care is the impact on weekly fees of the extension of minimum wage requirements to family day care providers. Would this stretch parents' ability to pay (or public funding sources) beyond the breaking point, or would it help the population of family day care providers without seriously hurting parents?

Table 9.14 displays the impact on weekly fees of the simulated extension of minimum wage requirements to family day care providers. Two hypothetical minima are used and compared with current fee structures which appear in the first column. Based on the 1978 federal minimum wage of $2.65 per hour, for example, the figures in the second column give the mean amounts that would have been charged per week for one child to assure the provider a gross hourly wage of this amount. Fees in sponsored homes would have to rise by 28 percent to cover wages. In regulated homes they would have to rise an average of 59 percent and in

Table 9.14

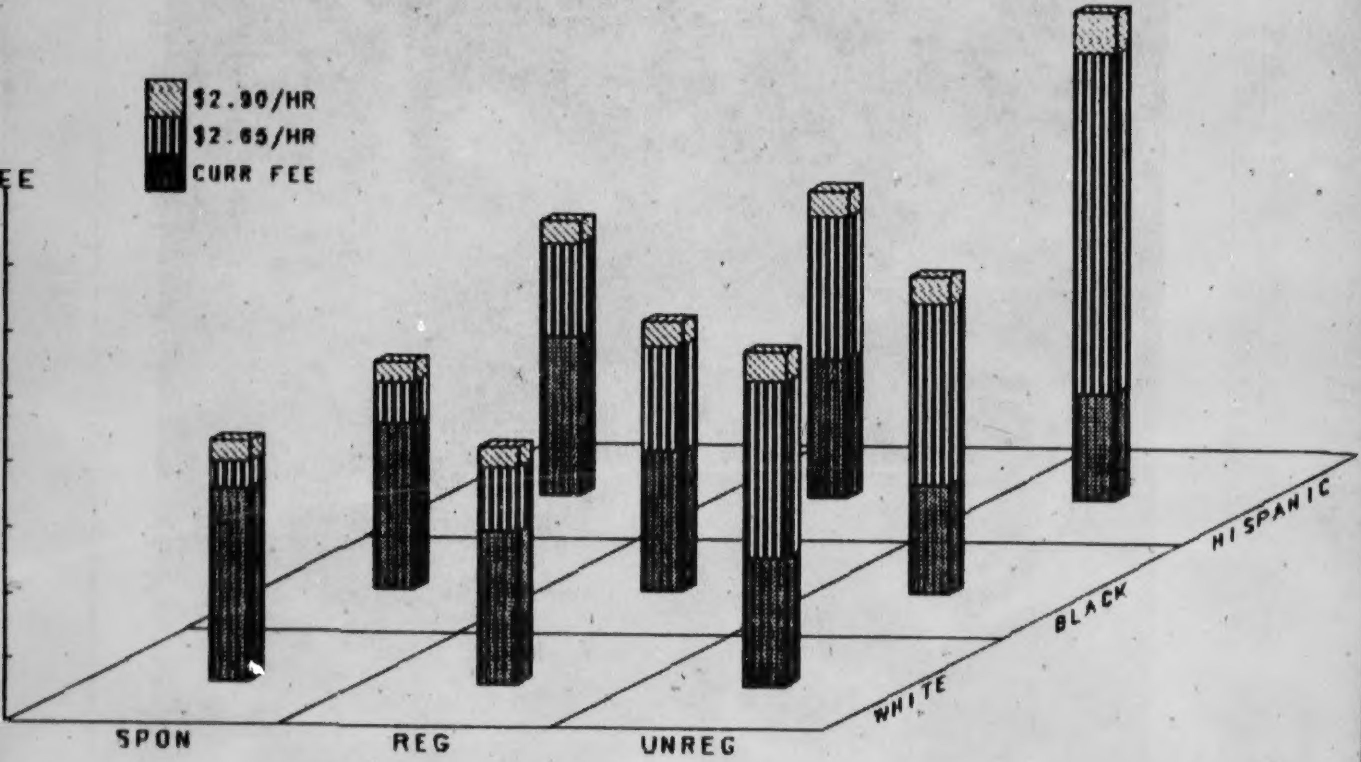
Mean Weekly Fee Per Paying Child Under Current and Alternative Minimum Wage Requirements for Providers

		If Minimum Wage Were:			
	Fee Currently Charged (no minimum wage)	$2.65/hr. (as in 1978)		$2.90/hr. (as in 1979)	
		Fee	Percent Increase	Fee	Percent Increase
SPONSORED					
White	$29.61	$33.73[a]	14	$36.92	25
Black	25.41	31.82	25	34.83	37
Hispanic	24.49	38.56	57	42.20	72
TYPE MEANS	26.50	33.89	28	37.09	40
REGULATED					
White	23.68	33.35	41	36.50	54
Black	21.61	37.76	75	41.32	91
Hispanic	21.42	43.12	101	47.19	120
TYPE MEANS	22.65	36.08	59	39.48	74
UNREGULATED					
White	19.70	47.02	139	51.45	161
Black	16.57	44.57	169	48.78	194
Hispanic	16.54	69.40	320	75.95	359
TYPE MEANS	17.80	51.68	190	56.56	218

[a] Each fee was computed as [minimum wage x 40 hours at regular pay] plus [minimum wage x 1.5 x 10 hours for overtime pay] divided by the mean number of children enrolled.

Histogram of Table 9.14

Mean Weekly Fee Per Paying Child Under Current and Alternative Minimum Wage Requirements for Providers



unregulated homes, 190 percent. In general, the size of the increase is inversely related to the current gross hourly wages shown in Table 9.5, and the size is sufficiently large to threaten parents' ability to pay.

The effects of costs and economic forces in general continue to be among the most important quantities to be measured for family day care. The statistics presented here describe an array of small and varied enterprises that operate, by and large, outside of the market mainstream and yet are influenced strongly and often adversely by it. The evidence we have cited suggests that providers earn little from their caregiving, and yet to permit or mandate improvements in their earning power would impose severe burdens on consumers of family day care--both parents and the government.

Chapter 10: STABILITY AND CONTINUITY OF FAMILY DAY CARE OVER TIME

What happens to family day care arrangements over time? Conventional wisdom has assumed that homes are quickly established and as quickly closed, and that children in family day care are transients, in short-term, stop-gap arrangements. Yet our interview data suggest that just the opposite is true; many caregivers have been providing day care for 10 years or more, and many children have been in care with their current provider for a large proportion of their lives. Which perspective is correct? It is difficult to tell with cross-sectional interview data whether or not the longitudinal picture that the respondent describes is completely accurate. Because such information is vital to the development of appropriate expectations and well-formulated regulations, a telephone survey of NDCHS participants in one site (Los Angeles) was conducted a year after the original study. By comparing responses at the two time points, we have been able to gain further insight into the stability and continuity of care.*

An attempt was made to recontact all Los Angeles providers for a short telephone interview covering three topics:

- changes in home operations during the year[1]--changes in characteristics such as group size, the age of children in care and fees;
- attrition of day care homes--the frequency with which caregivers stopped providing child care and the characteristics of attrited caregivers as compared to those still providing care; and

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*We will use the term stability to refer to the provider's tendency to continue to provide care over time; the term continuity will be used to refer to the child's tendency to remain in the same family day care home over time.

- child attrition--the rate of termination of children in care, length of time in care and other descriptive information.

Respondents still providing care were interviewed for about 20 minutes. The status of children in care at the time of the original data collection was noted, and enrollment information was obtained for children entering homes in the preceding year. Other aspects of home operations, such as interruptions in provision of day care services, were also recorded. For respondents no longer providing care, termination information was obtained on children rostered in the original data collection. These caregivers were also queried about why and when they stopped providing care and whether they were working or doing something else at the time of the follow-up. The interview with respondents no longer providing care lasted approximately 10 minutes. Data from original interviews combined with information obtained in the telephone survey formed the data base for this investigation of stability.

We open our discussion of the results of this follow-up survey with a description of the recontacted providers (232 of the original 300). Comparisons between the caregivers who were reached and those who could not be reached are presented, and we discuss the representativeness of the telephone survey sample (Section 10.1).

Section 10.2 focuses on changes in home operations during the elapsed year. What happened to day care fees in a year of high inflation? Were caregivers able to meet their group size preferences, as expressed a year earlier? Did homes experience frequent short-term enrollments of children starting and terminating in less than a year?

Attrition of day care homes and providers is the topic of Section 10.3, in which we examine the frequency with which homes close, the reasons caregivers stop providing care and a comparison of those who stay in business with those who do not. In this section, we focus on the caregiver and her decision-making processes. Does the decision to terminate rest, at least in part, on her personal needs or those of her spouse and children? What occupational alternatives are available to these women and which do they opt for? Is there a career caregiver?

Finally, in Section 10.4, we turn to child attrition by examining the characteristics of terminated children, the reasons for termination and length of time in care. In addition, we evaluate the length of time in care as related to characteristics of the home and the child. For example, do children in sponsored homes stay in care longer than those in unregulated homes? Is relative care more stable than the care of nonrelatives?

10.1 Description of the Telephone Survey Sample

Three hundred respondents made up the original study sample in Los Angeles, and the telephone survey reached 232 of these respondents for follow-up. The follow-up sample was compared to the original sample to determine whether the telephone survey sample was representative of the original sample or whether caregivers not reached differed in systematic ways from those contacted. Table 10.1 shows the number of original respondents in each of the nine design cells who were recontacted.

Table 10.1

Comparison of Telephone Survey Sample and Original Study Sample

	Sponsored	Regulated	Unregulated	
White	18/18[a]	56/71	37/49	111/138
Black	17/20	32/40	13/20	62/80
Hispanic	18/24	21/22	20/36	59/82
	53/62	109/133	70/105	232/300

[a] x/y: x subjects contacted in telephone survey out of y subjects in original study sample

Although we were able to contact approximately equal proportions of White, Black, and Hispanic providers, the contact rate for unregulated providers fell far below that for the sponsored and regulated groups. Much about unregulated care suggested that these homes would be harder to reach after the passage of a year. These caregivers, often with smaller groups of children, less experience and less training in child care, have not affiliated themselves with the regulatory system. Thus they may maintain a more variable connection to child care as an occupation. Staff also had some difficulty in relocating these homes. The original home location process often relied on networks of communication in the neighborhood and it was often through word of mouth that our interviewers found these homes. Recontact was not possible if the home had no phone or if the caregiver had moved and the new listing could not be obtained through Los Angeles directory assistance.

Except for their regulatory status, the recontacted caregivers did not differ dramatically across most of the major descriptive characteristics from those we could not reach. No differences were found in the following caregiver characteristics: years of schooling, years of family day care experience, total household income, number of own children less than seven years of age, and age of caregiver. Similarly, no differences were found on such home characteristics as mean age of day care children, provision of evening care (a measure of availability to perform extra services to families) and percent of children enrolled part-time.

Differences were found, however, on a few characteristics, sustaining the hypothesis that the caregivers not contacted may have had a more tenuous connection to family day care. Hourly fee for child care in homes not contacted was significantly lower than in those participating in the telephone survey (mean for follow-up participants of $.71 an hour versus $.56 an hour for caregivers not contacted).

Similarly, differences were found in training, enrollment and provision of relative care. Regulated and unregulated caregivers not included in the telephone survey had smaller homes and were less likely to have had training than their counterparts who were surveyed. (Sponsored caregivers not recontacted followed a different pattern: these nine caregivers had somewhat larger groups and more training than those surveyed.) Further, White and Black caregivers who were lost from the original sample were more likely to provide relative care than those included. By contrast, Hispanic caregivers not included in the follow-up provided less relative care. This is because nearly one-third of this latter group were sponsored caregivers, who, as we have seen in other analyses, are less likely to care for related children.

10.2 Caregivers Still Caring for Children

Two types of information on the 175 caregivers still providing family day care were obtained in the follow-up survey:

- information about stability or change over time in home characteristics such as group size, ages of children in care and fee; and
- information about the occurrence of events over a period of time, such as turnover of children and temporary breaks in care.

It has often been assumed that family day care's variability and informality are accompanied by constant shifting of group size and group composition. If these characteristics were determined to be stable, their usefulness as selection criteria for parents, child care resource agencies and purchasers of care would be enhanced. With the exception of an increase in mean hourly fee, all of the basic characteristics of home operations were found to be stable in the analysis of change over time (Table 10.2). Among the measures found to be stable were group size and replacement of children; that is, children were enrolled to replace those who terminated. In the original study, mean group size was 4.2 compared to 4.1 one year later. Stability in group size is important, as size may be a factor for parents in selecting a day care home. For a toddler, for example, a group of limited size may be preferred, but a larger home might be chosen for an older child.

Table 10.2

CHANGE IN HOME OPERATIONS

$t_1 - t_2$ (Fall, 1978 - Fall, 1979)

Variable	N	Mean t_1	Mean t_2	Correlation	2-Tailed Probability	Mean Difference	t	2-Tailed Probability ($t_1 - t_2$)	Summary
Group Size	175	4.23	4.14	.740	.000	.0857	.67	.504	stable over time
Replacement of Children	166	2.18[a]	2.02[b]	.488	.000	-.1566	-1.16	.246	replace terminated children one for one
Number of Age Groups in Care	175	2.20	2.13	.422	.000	.0686	1.03	.305	stable over time
Mean Age Day Care Children	175	3.34	3.48	.824	.000	-.1410	-1.56	.120	stable over time
% Infants in Day Care Group	175	.26	.24	.269	.000	.0232	.88	.378	stable over time
% Toddlers	175	.355	.358	.185	.014	-.0029	-.09	.925	stable over time
% Preschoolers	175	.18	.19	.354	.000	-.0054	-.27	.787	stable over time
% Schoolers	175	.20	.22	.772	.000	-.0155	-.96	.341	stable over time
Provision of Evening Care	174	1.70	1.67	.165	.030	.0345	.41	.683	stable over time
% Children in Care Part Time	175	33.00	33.40	.492	.000	-.4013	-.15	.879	stable over time
Mean Hours in Care/Week	175	37.75	37.08	.462	.000	.6724	.74	.461	stable over time
Household Income	142	11.68	11.85	.759	.000	-.1690	-.50	.619	stable over time
Number of Own Children Under 7	175	.45	.39	.830	.000	.0629	1.87	.063	stable over time
Mean Hourly Fee	169	$.72	$.80	.417	.000	-.0789	-2.86	.005	increase in mean hourly fee

[a] Mean number of terminated children.

[b] Mean number of new children.

Moreover, it is interesting to contrast this finding of stability in group size with the group size preferences clearly expressed by caregivers during the original interviews. Uniformly, caregivers stated their wish to increase their enrollments by up to two children. Apparently they did not do so. This may stem in part from limitations in the supply of children needing care; as we shall see, the lack of children needing care was an important factor for more than one-third of the caregivers who were no longer providing child care.

Although the supply of children may not have permitted caregivers to increase their enrollments, it was sufficient to permit them to maintain their group size. Replacement of children occurred on a nearly one-to-one basis. The mean number of original children terminating was approximately two, as was the mean number of children enrolling during the year.

The number of age groups in care yields a similarly stable result and augments our understanding of the implications of supply. Caregivers did not change the number of age groups cared for over the course of the year (compare the original mean of 2.2 age groups in care with the mean of 2.1 in the telephone survey). This indicates that supply problems were not severe enough to compel caregivers to increase or decrease the span of age groups in care. Caregivers did not have to respond to insufficient supply by taking all comers regardless of age, which would complicate the organization of the home and the activities offered. Nor did attrition deplete the number of children in care and thereby reduce the age range.

Mean age of children in care is also important to consider. The overall supply of children, role of child age in recruitment of children, and patterns of attrition of children of different ages all affect mean age. With little attrition, or with recruitment of children of an age near the mean of the group, mean age would tend to increase over time. However, if home attrition primarily consisted of termination of older children to enter group day care or first grade, and replacement involved enrollment of infants or toddlers, the mean age would tend to remain constant. In fact, mean age was found to remain nearly constant, increasing from 3.3 to 3.5 years of age over the year.

Not only was the mean age stable, but the distribution of age groups making up the day care group remained the same. The percentage of the group who were infants, toddlers, preschoolers, and school-aged children did not differ from one measurement to the next.

Three indicators of formality or informality of care arrangements were also found to be stable over time--provision of evening care, percent of children in care part-time and mean of child-hours per week. The percent of children in care part-time was the same from year to year. Part-time enrollment is one indicator of less formal day care arrangements, reflected in the willingness to integrate children who do not attend all day into the day care group. At both time points, approximately one-third of the enrolled children were in care part-time (less than 30 hours per week). Similarly, mean hours in care per week at both time points was approximately 37 hours. Thus, caregivers had not increased their enrollment of part-time children nor changed their commitment to full-time day care during the elapsed interval.

Other stable characteristics included number of own children in care and total family income. The number of caregivers' own children under seven in care did not change from one measurement to the next. Family income for this group originally had a mean of $11,680; one year later a mean of $11,850 was obtained.

Only one characteristic, mean hourly fee, was found to have changed for the 175 caregivers who continued to provide care. In a year of high inflation, fees increased significantly from $.72 an hour to $.80 and the magnitude of this difference was sufficient to reject the null hypothesis that the fee was equal at the two time points.

Rates of enrollment and termination were also investigated, for two reasons. First is the presumption in the family day care literature that unregulated homes, often smaller in group size than regulated homes, undergo constant turnover. A second reason is the conflicting hypothesis that larger homes experience proportionately more turnover than smaller homes.

In the telephone survey both number of new children and number of terminations varied by caregiver ethnicity and the regulatory status of home.[2] Because group size has also been found to be associated with ethnicity and regulatory status, it was necessary to investigate the possibility that group size was a variable intervening between the dependent and independent variables. If group size were an intervening variable, it, rather than the independent design variables, could be the source of the relationships between number of terminating or number of new children and the design variables, caregiver ethnicity and regulatory status. This determination was made using analysis of covariance, with the following results.

- Number of children terminating. When covariance analysis was performed using group size as a covariate, only ethnicity remained significant. The number of terminating children ranged from a high of 2.59 for White homes to a low of 1.33 for Hispanic homes.

- Number of new children enrolling. Using group size as a covariate, no significant effects were obtained for either design variable.

Thus, the clear implication from these results is that neither number of new children nor number of terminated children varies significantly with regulatory status of home when group size is controlled. These data do not lend support to the argument that unregulated homes like those included in the follow-up sample experience more turnover than do regulated homes.

The next area of analysis was an assessment of the frequency with which caregivers took time off from providing child care in the course of the year. Caregivers were asked in the telephone survey if they had stopped caring for children for six weeks or more, excluding vacations and holidays, in the past year. Twenty-two of the 175 caregivers (13 percent) still providing care reported that they had stopped for a period of time. Notably, this percentage did not vary across design cells.

Caregivers' reasons for taking time off were personal or related to their families, the day care children, or both. Two-thirds of the caregivers who took six weeks or more off did so exclusively for personal or family reasons; the most frequent reasons were caregiver-related, for example, illness or need for time off. Another 18 percent tock time off for a reason related to the day care children.

The most frequent of these reasons was that no children needed care, further evidence of the impact of supply of children on the day care operation. The remainder mentioned both a caregiver- and a child-related reason.

Changes in regulatory status were also examined among caregivers still providing family day care. The telephone survey offered the unusual opportunity to tap these changes over time, and because patterns of stability of regulatory status are not well known, these data are of particular interest. One of two patterns might be expected: first, regulated caregivers might be drawn from the pool of unregulated caregivers, resulting in a continuous shift toward regulation for unregulated caregivers. Alternatively, group membership might remain the same over time, with relatively distinct populations of regulated and unregulated caregivers.

The latter pattern seems to have been borne out, with few caregivers changing their affiliation or regulatory status. Only six caregivers changed status, including one caregiver who joined a sponsor and five sponsored caregivers who were no longer affiliated with sponsoring agencies at follow-up. Of the latter, two were no longer sponsored because the sponsor was going out of business, two reported that the sponsor terminated them or that the home did not meet sponsor standards, and the third cited a difficulty with sponsor regulations or procedures as the reason she left the sponsor. Further, four caregivers changed their regulatory status. Two caregivers obtained licenses in the year following the original data collection, and two others were no longer licensed for day care. One of these mentioned that she felt her group was too small to necessitate a license. The caregiver stated that she had given up her day care license in order to be licensed for foster care.

10.3 Caregiver Attrition

Fifty-seven caregivers contacted in the telephone survey had ceased to provide family day care in the year following original study participation. Provider attrition was examined through three research questions.

- How common is the decision to stop providing day care?
- Do the caregivers who stop providing care differ in systematic ways from those who continue to provide care? For example, are they from any particular ethnic group or regulatory status?
- Why do caregivers stop providing care, and what occupations do caregivers take up after leaving day care?

10.3.1 Extent and Distribution of Caregiver Attrition

One quarter of the caregivers contacted in the telephone survey were no longer providing child care (see Table 10.3). Although no differences in attrition were noted based on caregiver ethnicity, the regulatory status of the caregiver seems to make a major difference: proportionately more unregulated caregivers stopped taking care of children. Thus, the formal commitment to family day care of indicated when caregivers become regulated is associated with a tendency to continue taking care of children.

10.3.2 Comparison of Caregivers Still Caring for Children and Caregivers No Longer Providing Care

When the group of caregivers who were still caring for children is compared with the group no longer providing

Table 10.3

Percentage of Recontacted Caregivers No Longer Providing Child Care

	Sponsored	Regulated	Unregulated	
White	17	18	49	28
Black	12	6	38	15
Hispanic	11	24	50	29
	13	16	47	25

care, a number of differences emerge. These differences taken together, create a picture on the one hand of a career caregiver and on the other of a caregiver who is providing care on a short-term basis. All differences reported in this section represent significant effects independent of caregiver ethnicity and regulatory status. Many of the characteristics described here have been shown elsewhere in this report to vary systematically by ethnicity and regulatory status. Further, as shown in the previous section, there is a disproportionate representation of unregulated homes in the group no longer caring for children. Thus, it was important to test whether the group differences obtained represented true differences between the groups or whether these differences were confounded by the interactions with the design variables (ethnicity or regulatory status). The differences reported below were not found to be confounded by interactions but are independent of the influence of the design variables.

Caregivers who were no longer caring for children were significantly younger and less experienced than those who were still caring for children ($p < .01$). The former had a mean age of 39 years; the latter had a mean age of 45.5 years. Further, caregivers who stopped providing child care had a mean of 3.5 years of day care experience, compared to 6.75 years for caregivers who were still caring for children. Years of schooling, household income and day care training did not differ between groups.

Caregivers who were no longer caring for children had significantly smaller day care groups ($p < .01$). Mean group size for terminated caregivers was 2.8 children, compared with 4.2 children for caregivers still caring for children. By contrast, group differences were not found for mean hourly fee, mean age of day care children, the number of the caregiver's own young children in the home or the percent of day care children related to the caregiver.

In sum, a picture of the caregiver who stays in the day care business has emerged. First, she is more likely to be regulated, either as a sponsored or independent caregiver. Beyond any influence of regulatory status, she is likely to be older and to have more experience in day care. Further, her day care group is larger and more heterogeneous in age than those of caregivers who have since stopped caring for children.

Apparently associated with stability is an increase in the complexity of the day care group. This may be the result of two forces. The first is the natural tendency of a provider to develop a familiarity over time with handling children and thus for more experienced caregivers to operate larger groups. The second force is that of financial incentive: the larger day care group provides the caregiver a larger income. We have seen that the caregivers who are observed to continue providing care are more likely to be regulated--they have evidenced their commitment to formal provision of day care by obtaining legal sanction to operate a day care home. To the extent that day care is the career chosen by these caregivers, they are dependent on the income derived from it and may tend to try to maximize this income.

10.3.3 The Permanent or Temporary Nature of Caregiving: Caregivers' Own Assessments

At both data collection points, caregiver assessments were obtained of the permanent or temporary nature of caregiving. In the original data collection, caregivers were asked whether they considered family day care to be permanent or temporary work. Later, in the telephone survey, caregivers who had stopped providing care were asked whether they considered the break from family day care to be permanent or temporary.

The great majority of these caregivers (77%) had accurately predicted whether they would continue in family day care.* More than 60 percent described their work as permanent and were still providing day care a year later; 15 percent described their work as temporary, and one year later had indeed stopped taking care of children.

Only one caregiver in five (23%) did not accurately predict her later behavior. Sixty percent of these had described their work as temporary, yet a year later, at the time of the telephone survey, were continuing to provide child care. (In some cases, these caregivers may have interpreted "temporary" to mean an indefinite period longer than one year.) The remaining 40 percent had responded that their work was permanent yet had stopped taking care of children by the time of the follow-up. Clearly these caregivers changed their decision or expectation about family day care as their permanent work. It is important to understand how the break in provision of care relates to overall expectations about work and family day care. Nine of 11 of these caregivers considered the break to be temporary; only two felt they had permanently left family day care. Three caregivers mentioned day care supply problems as their reasons for terminating, while two cited work outside the home and six gave personal, family or other reasons for the decision.

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*Note that these caregivers as a group may be very stable in their involvement in child care. These caregivers participated in four NDCHS interviews and that participation may be indicative of greater overall stability.

10.3.4 Reasons Caregivers Stopped Providing Care

A range of motivations led caregivers to stop providing day care. These motivations included personal reasons, the needs of the caregiver's children and other family members, as well as reasons related to the day care children. Because the sample of terminated caregivers is relatively small (57 cases) and the reasons for terminating and occupations entered range across a variety of options, only descriptive information is reported in this section. Statistical exploration of difference on the design variables is prohibited by the small sample size for each reason or group of reasons. Reasons for termination are displayed in Table 10.4.

Three of these reasons warrant additional discussion here. These are work- and income-related reasons, problems of supply (e.g., no children needing care), and the fact that the caregiver's own children no longer needed day care. Twelve caregivers cited work, school or income

Table 10.4

Caregivers' Reasons for Termination

Reason Cited	Number of Caregivers
Work, school or income needs	12
Caregiver or family dissatisfaction	5
Needs of caregiver or of caregiver's family member	19
No children needing care	14
Problem with day care parents	1
Changes in schedule of day care parent	1
Day care parents moved	2
Own children no longer need care	2
Other	1
	57

needs as their reason for leaving child care. All 12 were employed or in school at the time of the follow-up interview, indicating either that they were able to accomplish their objective of finding work or that they had begun to work and viewed the job as a reason for terminating. Nine of these caregivers were White, two were Black, and one was Hispanic. Only one of these caregivers was sponsored and four were regulated. The seven remaining caregivers were unregulated, including the five who were White.

Three of the reasons given for termination were problems in the supply of day care children--no children needing care, schedule changes and moves of the day care families. Of the 17 caregivers terminating as a result of supply problems, 12 were unregulated and five were regulated. None were sponsored. Thus, supply seems to have had a differential effect across regulatory status.

Consider now the need of the caregiver's own children for care. It is often assumed that the caregiver's availability for work outside the home is determined by the age of her own young children and that many providers return to work when their children reach a certain age. However, this relationship was not evident in these longitudinal data. Only two caregivers gave as their reason for termination that their own children no longer needed care.

Nor was this pattern observed when the ages of the caregiver's children, or of related day care children, were incorporated into the analysis. In 25 homes, at the time the caregiver terminated, one of the caregiver's own children, a related day care child, or both, was less than four-and-one-half years of age (a conservative estimate of the age at which children would no longer need day care). Apparently, having young children of her own did not sway a caregiver to continue providing care when she had other reasons to terminate. Nor did supply problems close these caregivers out of day care at a time when they still preferred to care for their own and other people's children: only 4 of these 25 caregivers mentioned supply problems as their reason for terminating.

10.3.5 Alternatives to Child Care

At the time of the telephone survey, two-thirds (37 or 65%) of the terminated caregivers were not working, while one-third (20 or 36%) were working outside the home or were in school. A majority of those not working (27 of 37) described themselves as managing their homes. Eight responded that they were looking for day care children and two that they were looking for work.

The remaining 20 caregivers were working or were enrolled in school in the fall of 1978: 16 caregivers were working, 2 were working and in school, and 2 were in school. Of the four caregivers in school, one was involved in a real estate training program and three were involved in academic work. One of the latter was working toward a bachelor's degree in day care and child development.

The occupations of the 18 caregivers who had gone to work varied widely. The largest number of respondents were still working with children. Five of the 18 caregivers worked in child-related settings, such as day care centers or public schools. Four caregivers worked in service capacities, three caregivers obtained clerical jobs, three had sales positions, two held factory jobs, and one had a professional job.

The design variables, caregiver ethnicity and regulatory status, were included in the analysis of work outside the home. No differences were observed for either ethnicity or for regulatory status between the terminated providers who began working and those who did not. The working women did not represent any particular ethnic background, nor did they have a specific regulatory status as caregivers.

10.4 Child Attrition and Length of Time in Care

The objective of this analysis was to examine patterns of time in care for different groups of children and to determine the relationships between time in care and such variables as the age of the child at start of care, the design factors--caregiver ethnicity and regulatory status of the home--and whether the child was related to the caregiver. The technique used to address these questions was survival analysis, a procedure which evaluates the time between the start and termination of an event and determines differences in the duration of an event between groups with different characteristics.[3] Using survival analysis, one can look at the survival times and terminations of children in the sample to develop estimates of the proportion of the group staying in care at any given point in time. These survival analyses focused on three areas:

- time in care of children starting at different ages and the definition of cohorts with different survival functions;
- relationship between relative status of child and length of time in care; and
- relationship of the design variables (caregiver ethnicity and regulatory status of the home) to the length of time in care.

Before turning to these topics, we present a brief introduction to the survival analysis technique as applied in the NDCHS.

10.4.1 Survival Analysis: A Brief Overview*

The technique used to analyze the data on length of time in care was survival analysis.[4] Survival analysis, originally developed for applications in medical research, can be used to establish survival functions** for specific groups of children and to determine differences in survival functions among these groups. Any characteristic or set of characteristics can be used to differentiate the groups--age of child, caregiver ethnicity, regulatory status of home, or relative status of child.

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*This section is oriented towards the more technical reader who is unfamiliar with survival analysis. Some readers may prefer to skip to Section 10.4.2 for the results of these analyses.

**For our purposes, survival function represents the proportion of children remaining in care at intervals through the study.

Consider for a moment the sample of children who were less than six months of age when they began care but who left care in the course of the study. The pattern of survival is given in Table 10.5 below and the survival distribution in Figure 10.1. From the survival distribution, we see that 23 percent of the children left care in the first year, and an additional 24 percent left care the following year. By five years, only 12 percent were left in care, but those who remain at this point are likely to remain much longer, as illustrated by the asymptotic behavior of the survival function (flattening of the curve) after five years.

With the data reported in Table 10.5, it is simple to estimate the proportions shown. In fact this estimation is possible whenever a complete set of data is available; that is, start dates and termination dates for every individual under study. Where some of the observations are incomplete--when we have start dates but no termination dates for some children--estimating the proportions becomes much more difficult. In the telephone survey, this complication arose for all children who had not left care by the time of the telephone interview, a full 951 children. Typically a researcher must declare as missing the data on incomplete cases. This is unfortunate as it eliminates valid data on these cases: the information that each child remained in care at least x months. Missing data can present serious problems for the researcher. But in this particular instance, statisticians and biometricians have developed a procedure for using the small amounts of information we do have on these children and no data are discarded or set aside.

Through survival analysis, information on each case is maximized, whether the child terminated, was lost to follow-up, or was still in the sample. Survival analysis

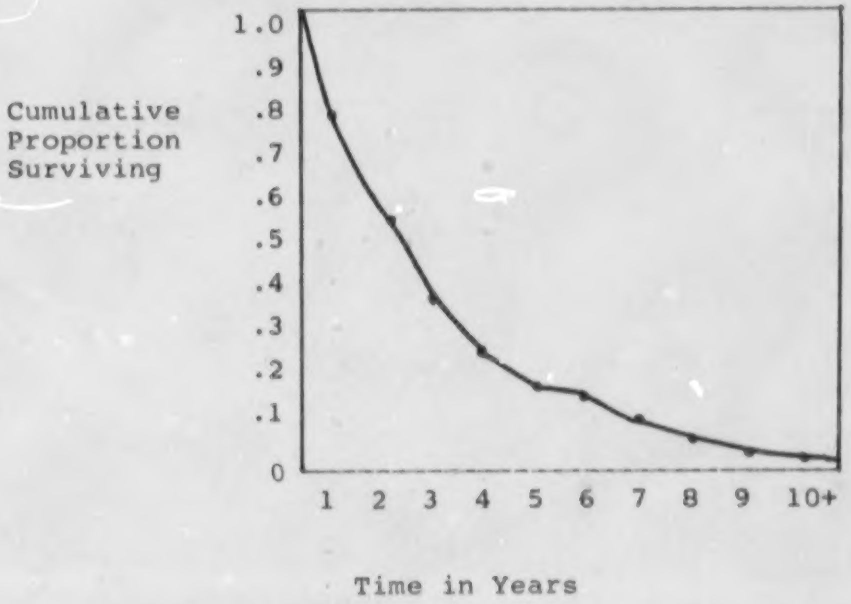
Table 10.5

Life Table of Children Entering Care at less than Six Months of Age and Terminating During the NDCHS

Survival Time (Years)	Number of Children in Care at Beginning of Interval	Number of Children Leaving Care in Interval
0-1	119	27
1-2	92	29
2-3	63	23
3-4	40	14
4-5	26	9
5-6	17	3
6-7	14	3
7-8	11	5
9-10	4	2
10+	2	2

Figure 10.1

Survival Function for Children Entering Care at less than Six Months of Age and Terminating During the NDCHS



incorporates all cases and imputes to each a survival time equal to the total time in care for terminated cases and, for cases still in care or lost to follow-up, based upon the fact that they survived at least as long as we have observed them and the expectation that their behavior after that point in time will be similar to that for the overall sample. To assign these survival times appropriately, the sample is divided into two groups: uncensored and censored observations. Uncensored observations are defined as those for which we know both the enrollment and termination dates as in the above example. Censored observations, on the other hand, are those for which only the start date is known. In this situation, we do not know the end point and can only say that that the arrangement lasted at least as long as the time from start date to data collection; that is, the data are censored.

A sample of more than 1400 children was available for the analysis of length of time in care. This sample was composed of the groups shown in Table 10.6. Survival time for uncensored cases was defined as [termination date - start date]. For children in homes not reached in the telephone survey, the survival time was [t_1 - start date]. For the remaining groups of children, both in care at the telephone survey, the survival time was calculated as [t_2 - start date].

10.4.2 Survival Experience in Relation to Age at Start of Care

Children in the NDCHS entered family day care at ages ranging from birth to over ten years. Length of time in care is often expected to vary with the age of the child when the arrangement began. For this reason, assumptions relating age at entrance and length of time in care were tested. For example, it is sometimes hypothesized that

Table 10.6

Survival Sample

Group Description	Status	n
Children who terminated	uncensored	515
Children still in care at telephone survey	censored	323
Children who entered care between original interview and telephone survey	censored	348
Children in homes not reached in the telephone survey	censored	280
Total		1466

there is an inverse relationship between these two variables. Thus, a child of five would be expected to stay in care for a shorter period of time than a child of two. Another hypothesis relates time in care to the developmental stages of a young child's life. Within this framework, children who enter day care as infants may be expected to graduate to a group care setting when they become preschoolers, thus consistently limiting their time in care.

To test these hypotheses, analyses were performed to identify age cohorts of children with distinct patterns of time in care. These analyses were designed to determine whether subgroups existed that were homogeneous within themselves yet different from other subgroups. For example, this analysis assessed whether all preschool children had similar survival expectancies and whether as a group, their length of time in care differed from that of infants and toddlers.

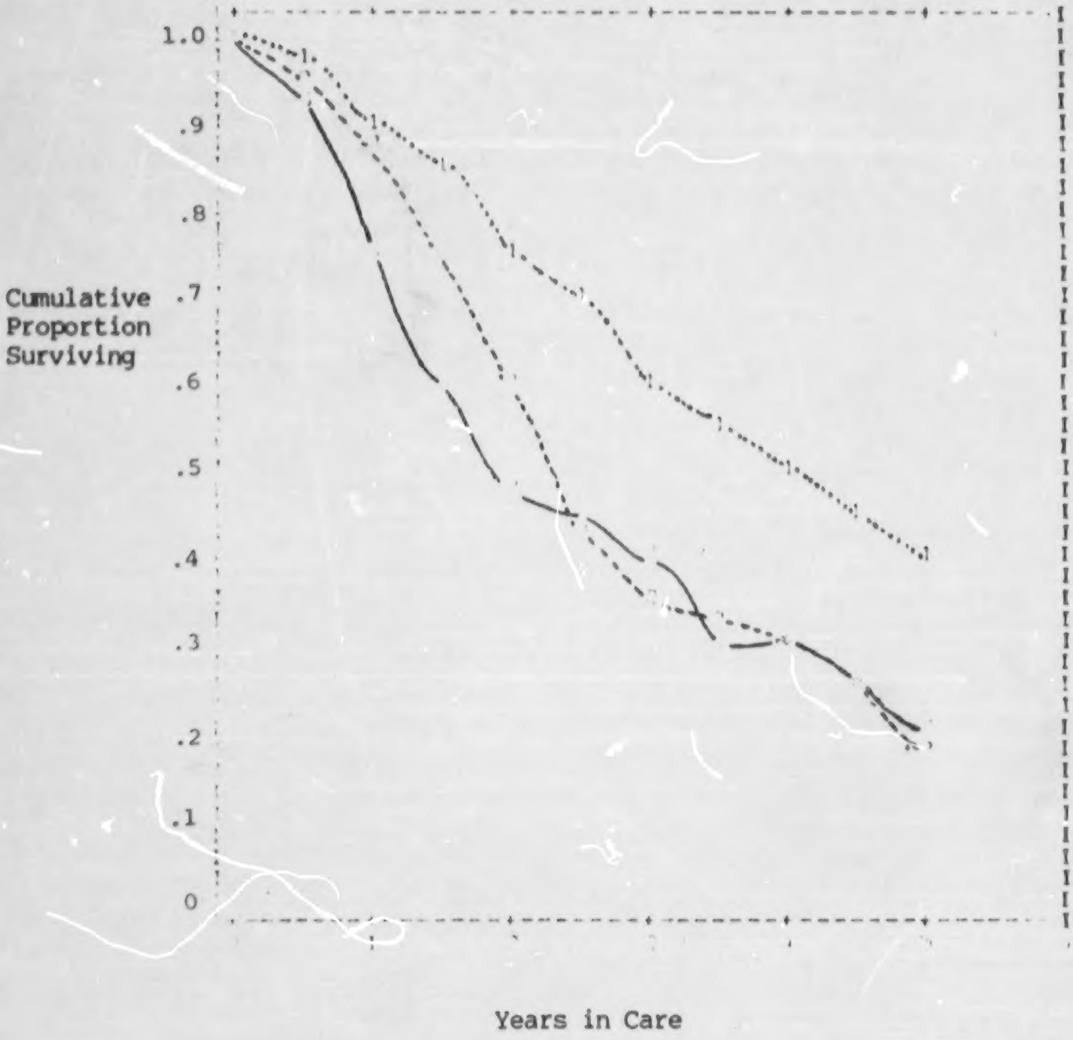
Analyses indicated that there are essentially three cohorts with distinct patterns of attendance: children starting care between birth and six months of age, children starting care between six and 12 months of age, and children starting at one year of age or older[5] (see Figure 10.2). The youngest group of children, those starting at less than six months of age, remained in care the longest. Each month, a larger proportion of this group was still in care than was in either of the older groups. In this age group, 90 percent of the children were still in care after one year and 75 percent after two years. The point at which half of the youngest group had left care, termed the median survival time, was four years. Children who started at age six to 12 months had a median survival time of 2.25 years. The group composed of children one year of age and older at start of care, with a median survival time of less than two years, had at each interval the smallest proportion of children remaining in care.

Particular characteristics of the youngest group may be related to their long stays in care. These children entered care before they were six months old. The decision to place them in care, the choice of family day care and the placement in a home have all occurred relatively quickly. The mother's decision may have been motivated by pressure to go back to work or may have been stimulated by the availability of a relative to provide child care. As discussed below, relative status was found to be associated with a significantly longer time in care.

Despite the fact that there were large differences in the survival function for children who started as infants, no increase or decrease in length of time in care could be found on the basis of different start ages for all other children. The survival function of children two years old

Figure 10.2

Survival Distributions: Length of Time in Care by Starting Age



Key: 1 = Children entering care from birth to six months of age
2 = Children entering care from six months to one year
3 = Children entering care from one year and older

at start of care was the same as those of children starting at age three, four or five. Toddlers do not appear to be consistently in care for shorter periods of time, as would be true if they typically left family day care to enter group day care. Neither do preschoolers appear to be in care for the duration of their preschool years, to be terminated at the time they enter first grade. Furthermore, children do not seem to have progressively shorter stays in care as the age at which they enter care increases.

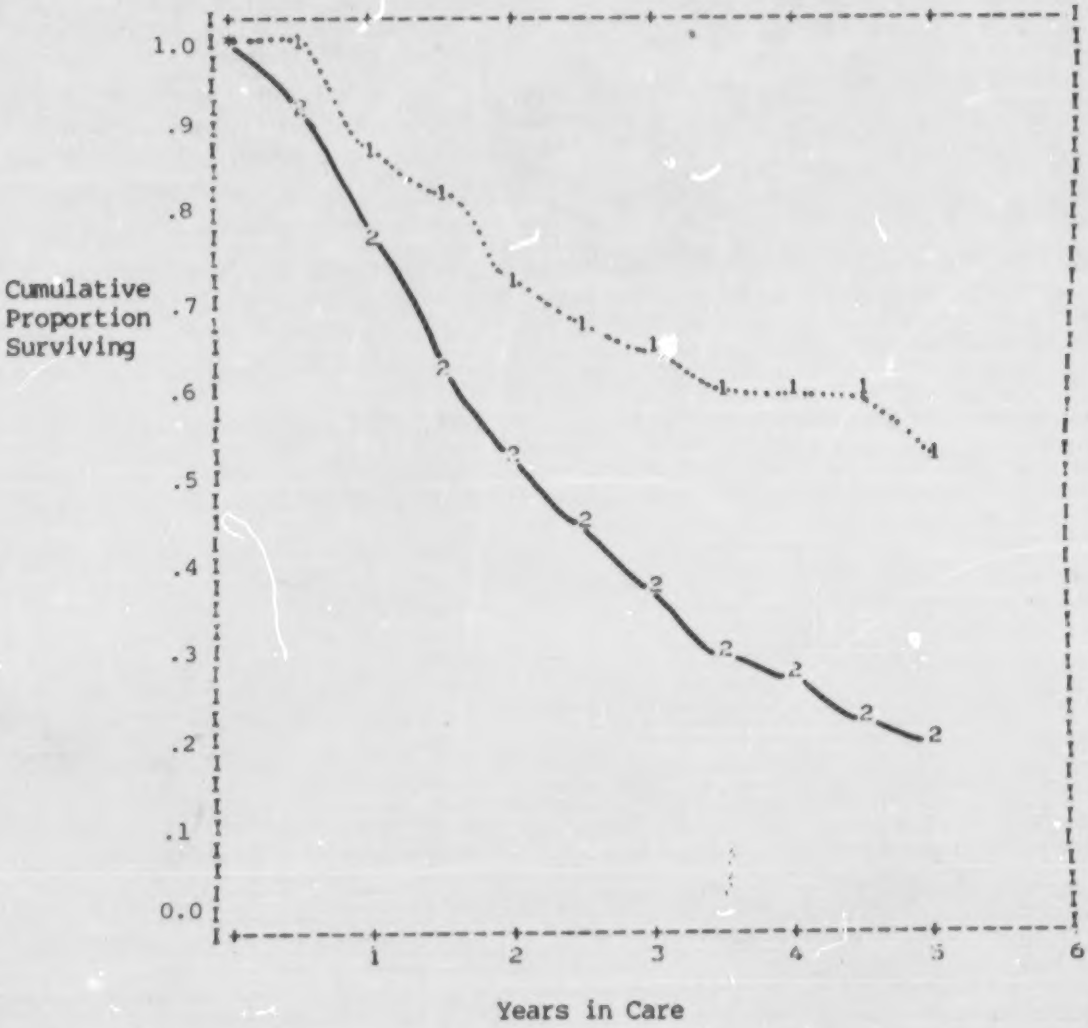
10.4.3 Relative Care and the Duration of the Family Day Care Arrangement

Is a blood relationship between child and caregiver associated with the duration of the family day care arrangement? Arrangements between relatives for care might be assumed to be more stable than those between unrelated individuals. Many of the details which have to be resolved in nonrelative arrangements would go without saying in those where the caregiver and parent are mother and daughter or sisters.

As shown in Figure 10.3, relative care status was found to be related to length of time in care and to the age of the child at start of care.[6] Children being cared for by an aunt, grandmother, or other relative were found to enter care at younger ages than nonrelated children. Of related children, 54 percent were less than one year of age on entering care; only 32 percent of the children entering a nonrelative home were this young. Perhaps care by someone who is not related constitutes a formal arrangement different from the less formal, familial arrangements between relatives. For this reason, parents may delay the placement of their child in the care of someone unrelated to them.

Figure 10.3

Survival Distributions:
Length of Time in Care by Relative Status of Child



Key: 1 = Related Children
2 = Nonrelative Children

Furthermore, in the sample as a whole, related children stayed in care significantly longer than children not related to the caregiver ($p < .01$). One-half of all related children were still in care after more than five years; this median survival time was two years and two months for unrelated children. Thus, it appears that related children start in care earlier than nonrelated children and remain in care longer (as do children who start in the first half year of life). But within each of the three age cohorts, time in care is also increased when children are related to the person caring for them.

10.4.4 Differences in Length of Time in Care by Caregiver Ethnicity and Regulatory Status

Throughout this report we have seen that regulatory status and caregiver ethnicity are associated with systematic differences in characteristics of day care homes. Such differences in length of time in care for children would also be expected, both because of the potency of the design variables in other analyses and because of characteristics associated with homes of different regulatory status or caregiver ethnicity. Homes operated on a more formal basis--sponsored or regulated homes--may have children in care longer than unregulated homes. On the other hand, the closeness inherent in nonregulated care might result in more stability in the caregiving relationship. In terms of ethnicity, if Black and Hispanic caregivers offer an extended family relationship to day care parents, those arrangements might be more stable over time.

For both caregiver ethnicity and regulatory status, different time in care patterns were found for related and unrelated children. For related children of any age, length of time in care was found not to vary with the regulatory status of the home. Evidently the decision to use relative care ensures a stability which overshadows any effect associated with regulatory status.

By comparison, length of time in care was found to vary significantly by regulatory status for nonrelated children ($p < .01$). Sponsored and regulated homes, with median survival times of 2.0 years and 2.5 years respectively, both differed from unregulated homes, in which the median survival time was 1.5 years. However, when sponsored care was compared to regulated care, no difference was found in the survival time.

The regulatory status difference found for nonrelative care was limited to the oldest cohort when the nonrelated group was divided by age. Thus, when an infant under one year of age is placed in family day care, time in care is the same for all three regulatory status groups. However, for children one year of age and older, regulatory status is associated with length of time in care. Older children placed in regulated homes remain in care longer than their counterparts in unregulated homes. This may be because regulated homes are more likely to provide a program deemed appropriate to preschool children's needs. For children this age, a group day care experience is often desired. Regulated homes, as we have seen elsewhere in this report, are more likely to have larger day care groups and perhaps to provide activities with a learning or social orientation.

In general, caregiver ethnicity was found to be associated with time in care only for related children. Among the unrelated children, no ethnic differences were found. The median survival times for unrelated children were two years for White homes and 2.5 years for Black and Hispanic homes.

By contrast, the survival function for related children in White homes was different from that in Hispanic homes ($p < .01$) or Black homes ($p < .07$). Children in White homes were in care for shorter periods of time (median survival time of 2.5 years for children in White homes versus a median exceeding five years for those in non-White homes). This result indicates that patterns governing use of a family member as a resource for child care differ across ethnic groups.

When the relationship between ethnicity and length of time in care was considered for children starting care at different ages, the pattern was found to concentrate in the oldest group. In that group, children in White homes were in care shorter periods than children in other homes ($p < .01$). For the other age groups the relationship was not as pronounced. For the youngest group of related children, only the pairwise comparison of the White and Hispanic survival functions was significant ($p < .01$). The overall comparison for all three ethnic groups was not significant. For related children aged six months to one year at start of care, the comparisons of ethnic groups were also not significant. Thus, related children who enter family day care as infants seem to remain in care the same length of time regardless of the ethnicity of the caregiver. However, for older related children, children enrolled in White homes do not appear to remain in care as long as children enrolled in Black or Hispanic homes. When the relative care sample is examined by ethnicity and by age, the sample sizes are reduced; thus, the latter result may be questionable due to the decreased power of the test.

10.5 Summary

Findings from this study have important implications for day care policy and advocacy. Determination of stability of home operations and of the parameters of caregiver attrition may inform the development of federal, state and local policy about family day care. In terms of stability of day care operations, findings of the longitudinal substudy of the NDCHS indicate that many aspects of home operations are stable over time. Parents and agencies seeking to place children in care may wish to select a home of particular size, age range or regulatory status. These findings of stablity provide reassurance that these characteristics may fluctuate only moderately.

Of vital concern to consumers of family day care is whether the caregiver will continue to provide day care. Such continuity is important for the child to provide him/her with a secure, reliable day care environment. It is also important to the parent or agency making the arrangement, so that the parents' work or daily life is not disrupted, or so that the placement agency is not required to constantly make new arrangements for the child. One-quarter of the 232 caregivers contacted in the longitudinal study were no longer providing child care. On several dimensions these caregivers differed from those who continued to provide care. Caregivers who continued to provide care were more likely to be either licensed or sponsored; they were also older, more experienced, and operated larger groups with more age groups in care. These data suggest that further exploration is warranted of the hypothesis that career caregivers have a different profile from those providing day care only for the short term.

With respect to length of time in care, the study's findings are interesting in light of the assumption that children do not remain in family day care for long periods of time. Length of time in care was found to be related to age of the child at start of care. Although a relationship between these variables might have been expected, the nature of the relationship would not have been anticipated. The telephone survey data suggest that three age cohorts exist with distinct time-in-care profiles: children less than 6 months of age at start of care, children 6 to 12 months, and children one year and older. Thus, for example, no difference in time in care was found between children one year and five years of age. Furthermore, the median time in care for the oldest group, though the shortest, was nearly two years. Children related to the person caring for them were found to have a much longer survival time in care than children not related to the caregiver. Even so, the median survival time for unrelated children exceeded two years. Regulatory status appears to be associated with time in care of children who were not related to the caregiver, in particular for children more than one year old at the start of care. The median survival time for the oldest children was longer in regulated than in unregulated care, perhaps due to group size and program characteristics of regulated homes.

Thus, in three areas of inquiry--change in home operations, caregiver attrition, and length of time in care--the longitudinal findings have implications for parents and policymakers about whether the continuity of family day care arrangements warrants their use. The fact that characteristics of homes are stable over time lends increased confidence to decisions to place a child in family day care. The results of this study enable consumers to know what to expect in terms of continuity of arrangements in different types of homes. Patterns of time in care of children confirm that family day care homes provide continuous, long-term day care for many children.

Chapter 11: OBSERVATIONS IN FAMILY DAY CARE HOMES

Observations of family day care homes were conducted by trained observers using two in-home observation systems developed initially for this study by Jean Carew and SRI International--the Carew/SRI Adult Behavior Codes and Child Codes. These observation data were used to characterize the caregiver and child independently and also to provide detailed information on the interactions between caregivers and children. The observations provide an objective assessment of the family day care environment and can be used to supplement the caregiver's self-report on her interactions with the children in her care.

Observation data were collected in two contexts within a home: in a natural situation and in experimentally structured situations. The former allowed for comparisons of homes based on observations of what the caregiver and children _typically_ did during the day, and the latter allowed for comparisons of homes on the basis of a _common_ set of activities specifically selected by the study team.

In the natural situation, caregivers and children were observed as they went about their usual activities for approximately two hours during each of two mornings. It was expected that natural observations would provide the best evidence of the activities and behaviors that normally characterize the day care home. The discussion in this chapter deals with these natural observations.

The Adult Behavior Codes were used to summarize caregiver behavior. These behaviors were sampled* every 20 seconds for periods of five minutes at a time. The aspects of behavior coded included:

- how the caregiver interacts with children; more specifically, strategies likely to facilitate or restrict their activity, or some other strategy;
- the type of activity that the caregiver facilitates, restricts, or is otherwise involved in with the children;
- the caregiver's expression of positive, negative, or neutral feelings toward children; and
- the caregiver's use of language in her interactions with children.

The Child Behavior Codes were used to summarize child behaviors and were recorded at 20-second intervals, much as adult behavior was recorded. These codes focus on four dimensions of the child's behavior:

- the child's activity;
- the person with whom the child is interacting;
- the child's participation in conversation; and
- child affect.

Examples of child activities that can be coded by the instrument include language, fine motor activities, gross motor activities, conversation, work, and watching television. In addition, child behaviors such as prosocial behavior, antisocial behavior, and distress can be recorded.

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*Every 20 seconds, the observer noted on a specially prepared form what the caregiver was doing during a 3-second interval. This random sample of behaviors allows us to generalize to the caregiver's behavior over the entire period.

11.1 Observation Variables

For the analysis of caregiver and child behavior, observation variables were constructed from the codes on the instrument (records of discrete behaviors). Basic concepts from child development theory were used as a framework for the development of the child observation variables, which were constructed during analysis by grouping observation codes from the instruments. Another set of observation variables was developed to describe adult behaviors. A variety of reliability studies were undertaken for both observation instruments to be assured both of high inter-rater reliability as well as the stability of summative variables from one day to another. Reliability was judged to be excellent in all cases.*

For adults, the following list provides examples of behaviors and activities included in major observation variables.

- Adult involvement with children--Adult involvement ranges from active involvement (teaching, playing and participating in children's activities) to indirect involvement (supervising children) to no involvement (household chores and recreational activities).
- Adult facilitating behaviors--With these behaviors the adult promotes or participates with children in prosocial, affectionate and comfort-giving behaviors, and language/information, fine motor structured, dramatic play, fine motor exploratory, gross motor, music, dance, television, and physical needs activities.
- Adult control activities--Adult control techniques range from positive routine control measures, for which explanations are given, to strict negative control measures.

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*For a complete description of the history of the development of the observation system, as well as the results of several reliability studies, see SRI's Observation Component Report (Volume III of the Final Report of the NDCHS).

- Adult affect--Adult affect ranges from positive (laughing and smiling) to neutral (neither positive nor negative) to negative (angry, hostile, sad).
- Adult interactions with babies and older children--Adult interacts with a baby or older child. This variable is included to account for the caregiver's interactions with children outside the age range of this study (12 to 59 months).

Examples of the variables developed to describe child behavior include the following.

- Persons with whom the child is interacting--Child is engaging in an activity alone, with an adult, with a young child or group of children, with a baby or older child.
- Content of child's activities--Child is engaging in prosocial, affectionate and comfort-giving behaviors, language/information, fine motor structured, dramatic play, fine motor exploratory, gross motor, music, dance, television, physical needs, or antisocial activities.
- Child's participation in a conversation--Child initiates, receives, or responds to conversation or to task-related comments; child uses Spanish or English.
- Child's active engagement in an activity.
- Child affect--Child affect ranges from positive (laughing and smiling) to neutral (neither positive nor negative) to negative (angry, hostile, sad).

11.2 Caregiver Behavior

If conducted appropriately, observations can be the most accurate and reliable source of information about the way in which the caregiver interacts with the children in her care and the frequency of these interactions. Since this is the first large-scale study of family day care to use this approach, there are no norms to indicate what the "ideal" distribution of the caregiver's time should be. Variations that we have found in the behaviors of caregivers among sponsored, regulated and unregulated homes help to develop an idea of what can be expected of caregivers in these settings. We feel we have found consistent variations, descriptions of which can help parents choose the kind of care they would prefer for their children.

Table 11.1 shows that 41.3 percent of the caregiver's time* is spent in interacting with the one- to five-year-old children in her care. This is in line with previous research on family day care that found most caregivers spent a substantial proportion of their time in contact with the children.[1] Furthermore, this time seems to be spent in appropriate ways; that is, it mirrors the needs of children in care as indicated by their ages. One of the most frequent interactions with children in the one-to-five age range is teaching, which occupies 13.9 percent of the caregiver's time. Of the remainder of the caregiver/child interactions, play/participation and helping are about equal in frequency, occupying 7.8 percent and 8.9 percent of caregivers' time, respectively. Directing, conversing with children, and controlling are substantially less frequent, accounting for 3.7, 3.3 and 3.7 percent, respectively. However, the amount of teaching and play in the homes in this study suggests that previous descriptions of family day care as custodial are not necessarily valid.[2] Previous studies also found a minimal amount of restrictive behavior on the part of family day care providers.[3]

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*The percentages given actually represent the proportion of the total number of observation frames which fall within each coding category.

Homes were selected for observation based upon the requirement that they care for at least one child in the range of 12 to 60 months (because this range covered the principal ages of children cared for in family day care homes). Infants and school-aged children were found in a smaller subset of the homes. Whereas the observation instrument makes fine distinctions in the interactions of caregivers with one- to five-year-olds, their behavior with younger and older children is aggregated into coarser categories. Averaged across all homes we found that the caregivers spend 3.8 percent of their time interacting with babies and one percent interacting with school-aged children. (See footnote b to Table 11.1 for a further explanation of these figures.)

As negative affect was such an infrequent occurrence in the family day care environment, it was decided that it could not be analyzed separately for each of the interactions between caregivers and children noted above. Instead, all occurrences of negative affect were aggregated into a single measure. The reader may observe in Table 11.1 that even in the aggregate form, in only .3 percent of the observations does the caregiver demonstrate any negative affect with the children in her care.

On average, the caregiver spends over half of her time not actively involved with the children in her care. This time can be divided into two categories, indirect involvement and no involvement. Indirect involvement consists of supervising the children (without interacting but with the potential of interacting with the children) and making preparations directly related to the care of the children. Together these activities take 16.5 percent of the caregiver's time, leaving the caregiver apparently uninvolved with the children in her care for more than one-third of the time.

Table 11.1

Distribution of the Caregiver's Time in Family Day Care[a]

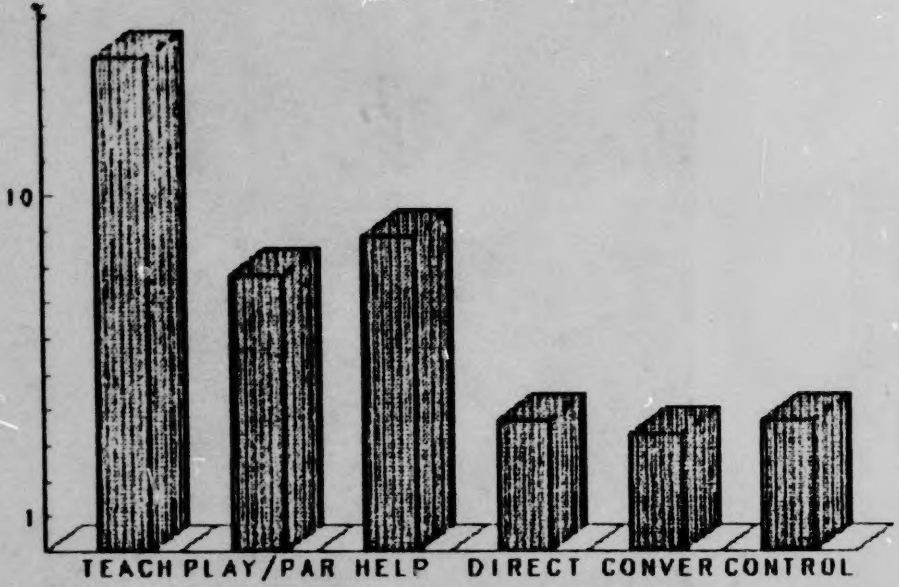
Interaction with One- to Five-Year-Olds		.413
Teach	.139	
Play/Participate	.078	
Help	.089	
Direct	.037	
Converse w/Children	.033	
Control	.037	
Interactions with Baby (≤ 12 months)[b]		.038
Interactions with School-aged Children[b]		.010
Negative Emotional Affect with Any of Above		.003
Indirect Involvement or No Involvement with Children		.513
Supervise	.105	
Prepare	.060	
Converse w/Adults	.063	
Recreation Alone	.078	
Housekeeping	.194	
Out of Range of Observer	.013	
Secondary Caregiver Interactions		.022
TOTAL		.999

[a] This picture is based primarily on morning observations and does not include periods in which the children are either napping or eating.

[b] These figures, however, are misleading as they stand, and require further interpretation. Caregivers were observed to interact with babies in only 35 percent of all homes and with school-aged children in only 16 percent of all homes. To calculate, for example, caregiver/infant interactions it makes most sense to include in the calculation only those homes in which there actually are infants. In these homes, one rates substantially more caregiver affection and the meeting of physical needs. Considering only homes in which babies are present the caregiver spends about 11 percent of her time with babies. Considering only homes in which school-aged children are present the caregiver spends about six percent of her time with them. (The data do not include after-school observations when interactions with school children will be more frequent.)

Histogram of Table 11.1

Interaction with 1 to 5 Year Olds Across All Homes



In this uninvolved state, the caregiver is either talking to other adults (6.3 percent), entertaining herself by reading or watching television (7.8 percent), doing housekeeping (19.4 percent) or out of range of the observer (1.3 percent). Of course, even in this uninvolved state the caregiver can often respond to indications that something is amiss, but the caregiver is not directly supervising at these times.

The final category in Table 11.1 relates to secondary caregivers. In some of the homes, especially larger regulated and sponsored homes, some portion of the observations were taken up by helpers--secondary caregivers. On average, this constituted such a small proportion of the total observations (2.2%) that no useful analyses were feasible. Thus in subsequent analyses these secondary caregivers were dropped. (In the tables below, when the sum of the percentages does not add to 100 percent, it is for this reason.)

11.2.1 Comparisons Based on Regulatory Status of the Home

Some of the most interesting study findings are implicit in comparisons of caregiver behavior across settings. This section treats these comparisons in a purely descriptive manner, noting in which settings behaviors are relatively more frequent. These differences and their possible causes are explored in later sections. The present discussion is consistent with the presentation of the regression analyses of these subsequent sections and with the sense we have obtained of family day care through the caregiver interview process.

Table 11.2 illustrates in a striking manner the differences between observed caregiver behaviors in unregulated,

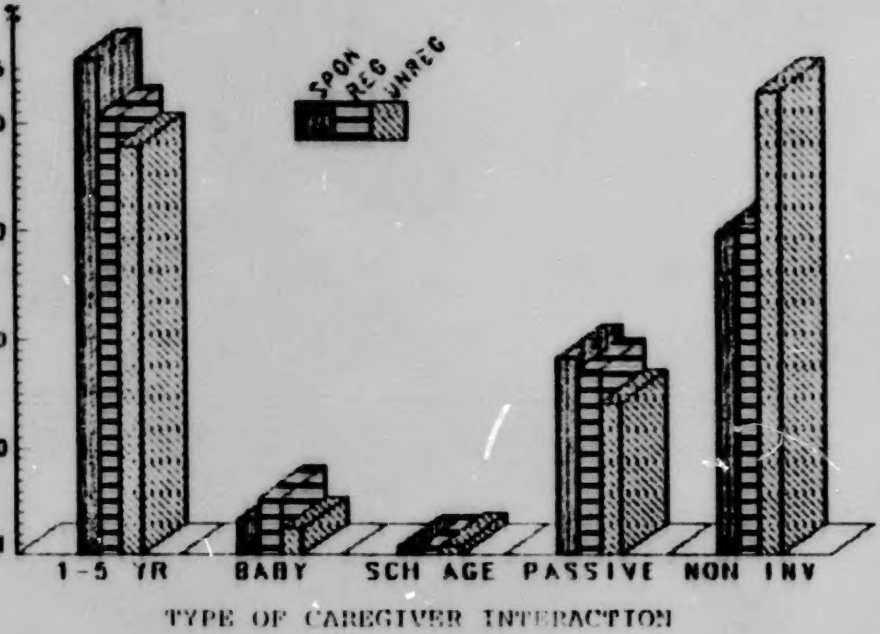
Table 11.2

Comparative Distribution of the Caregiver's Time
Across Regulatory Status

	Sponsored		Regulated		Unregulated	
Interaction with One- to Five-Year-Olds		.458		.405		.379
Teach	.170		.128		.121	
Play/Participate	.086		.073		.073	
Help	.093		.095		.082	
Direct	.039		.038		.038	
Converse	.034		.033		.030	
Control	.036		.038		.035	
Interactions with Baby		.034		.053		.025
Interactions with School-aged Children		.008		.007		.009
Negative Emotional Affect		.002		.002		.004
Indirect Involvement with Children Supervise/Prepare		.184		.172		.142
Noninvolvement with Children		.299		.307		.430
Converse	.055		.058		.068	
Recreation Alone	.048		.057		.130	
Housekeeping	.179		.178		.220	
Out of Range	.017		.014		.012	
Activities Facilitated						
Language/Information		.106		.084		.078
Structured Fine Motor		.061		.031		.035
Work		.014		.013		.013
Physical Needs		.082		.089		.081
Dramatic Play		.011		.008		.012
Music/Dance		.021		.007		.004
Television		.018		.026		.020
Exploratory Fine Motor		.012		.010		.009
Gross Motor		.022		.018		.015
Positive Affect		.060		.056		.046

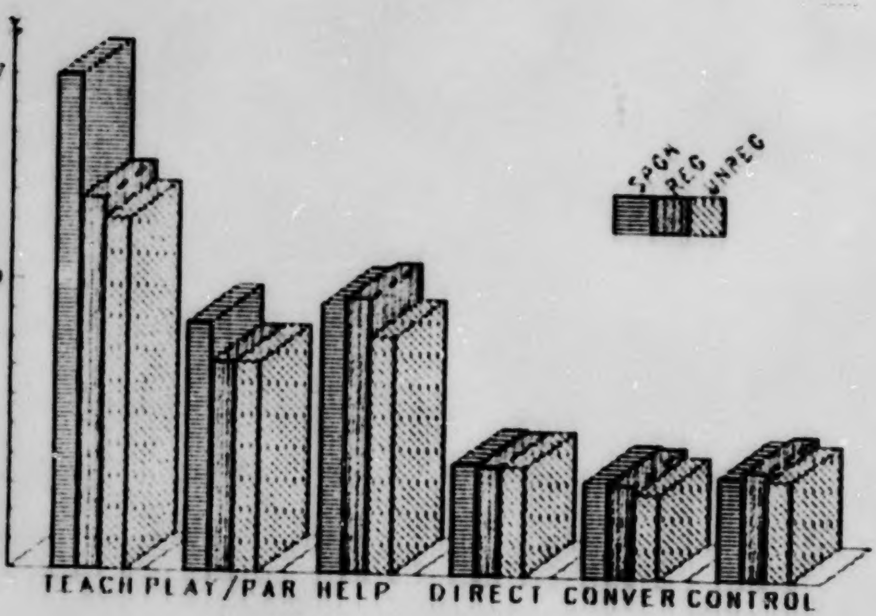
Histogram of Table 11.1

Percentage Distribution of Caregiver's Time in Family Day Care



Histogram of Table 11.2

Comparative Distribution of the Caregiver's Time Across Regulatory Status



regulated and sponsored homes. Although all home settings show a substantial amount of caregiver/child interaction, the differences among settings are significant. Unregulated homes show the lowest level of caregiver interactions with one- to five-year-olds in care. Regulated homes show a somewhat higher level of interaction, and sponsored homes show by far the highest level. The differences between unregulated and regulated homes are generally small; half of the difference in the level of interaction is in the amount of helping behaviors, which is 8.2 percent in unregulated homes and 9.5 percent in regulated homes.

Sponsored homes, however, are substantially different in the amount of teaching that occurs. Whereas 12.1 percent of the caregiver's time in unregulated homes and 12.8 percent in regulated homes is spent in teaching, 17 percent of the caregiver's time in sponsored homes is spent in this manner--a very large difference.

Expanding upon these differences among settings, the bottom portion of Table 11.2 is devoted to the activities that caregivers facilitate with children while they are interacting with them. This table shows that sponsored caregivers facilitate much more language/information, structured fine motor and music/dance activities. Also, there is somewhat more gross motor activity in these homes and less watching of television. This implies a more preschool-like setting with structured activities for the children. On the whole, regulated and unregulated caregivers are very different from sponsored caregivers, but similar to one another.

On the other hand, regulated and sponsored caregivers are similar with regard to the time spent in supervision and preparation for children, whereas unregulated caregivers spend substantially less time in these activities. Furthermore, unregulated caregivers spend substantially more time uninvolved with the children. Forty-three percent of the unregulated caregiver's time is spent apart from the children, versus about 30 percent for both regulated and sponsored caregivers. In unregulated homes, this means that, on average, 26 minutes of every hour are spent uninvolved with children whereas only 18 minutes of every hour are spent in this manner in sponsored homes.

One gets the impression from these observation data that the unregulated caregiver is somewhat less child-focused than the regulated caregiver and much less so than the sponsored caregiver. She spends more time than either attending both to her own needs and to her household's while the day care children are present. The sponsored caregiver's added involvement with the children is apparent in several ways: there is more teaching, more play/participation, more supervision and preparation and less housekeeping and solitary recreation. Further, when we look at the additional activities that sponsored caregivers facilitate--language/information, structured fine motor, music/dance and gross motor--we see behaviors often stressed in the child care training that sponsored providers, but few regulated or unregulated providers, receive. This suggests that caregiver training may make a difference. However, the study was not designed to make a definitive judgment on this point, and more research is needed to explain the differences that we have found. This impression, however, is supported by the study's other data sources, including caregiver interviews and observer logs (recorded at the end of the observation sessions). Finally, to put this finding into context, it is important to stress that our observers and interviewers were consistently impressed by the quality of the care that they saw. Our conclusions, therefore, about the relative frequency of behavior from one setting to another are not intended to imply that unregulated care is poor care. However, many parents may well feel that sponsored care provides important stimuli that are generally less available in other kinds of family day care.

11.2.2 Comparisons Across Ethnic Groups

In the design of the study it was recognized that some important differences among caregivers could depend on differences in community values from one group of caregivers to another. In order that these community differences not mask the other differences that the study was examining, Hispanic, Black and White caregivers were all included in the study in sufficient numbers to conduct separate analyses. Table 11.3 displays our observational data by caregiver ethnicity; many differences can be noted among these groups.

Some variation can be observed with respect to the degree of interaction with one- to five-year-olds, the nature of such interactions (e.g., teaching, playing), the use of positive reinforcement, and to a lesser extent the degree and type of noninvolvement with children. The magnitude of the differences between the ethnic groups is often substantial. However, in general, these differences are much smaller than the differences between the settings described above. Whereas there is a 4.2 percent difference between the level of teaching behavior between sponsored caregivers and regulated caregivers, there is only a 1.6 percent difference between Blacks and Whites. Similarly, overall levels of indirect involvement and noninvolvement do not seem to vary much. On the other hand, Table 11.3 seems to show more substantial differences on more specific descriptions of caregiver behavior, such as helping, directing, attending to physical needs, gross motor activities, recreation alone and housekeeping.

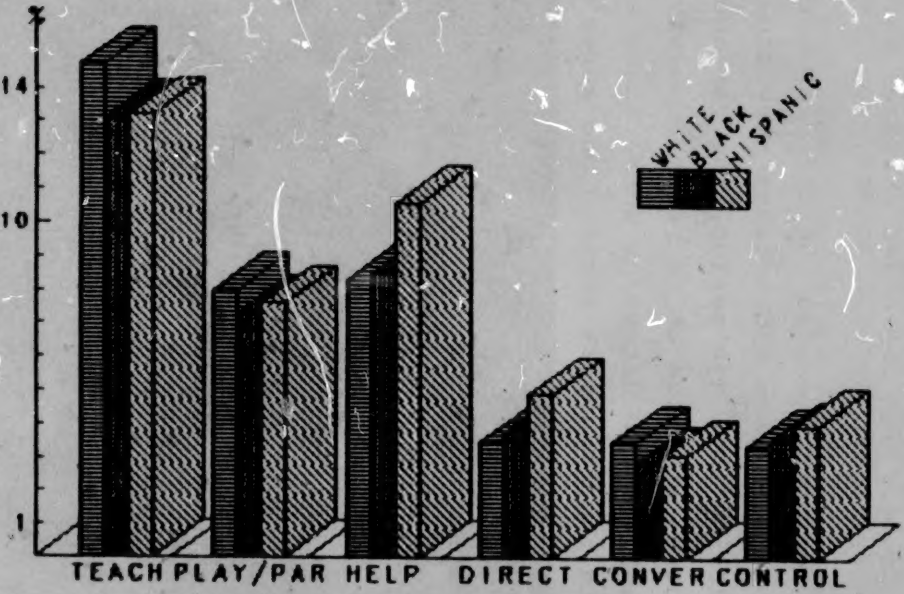
Table 11.3

Comparative Distribution of the Caregiver's Time Across Ethnic Groups

	White	Black	Hispanic
Interaction with One- to Five-Year-Olds	.414	.387	.434
Teach	.147	.131	.132
Play/Participate	.080	.073	.076
Help	.083	.085	.106
Direct	.035	.038	.049
Converse	.035	.029	.031
Control	.034	.036	.040
Interactions with Baby	.040	.038	.036
Interactions with School-age Children	.008	.006	.011
Negative Emotional Affect	.003	.003	.001
Indirect Involvement with Children	.162	.167	.169
Supervise/Prepare			
Noninvolvement with Children	.352	.354	.328
Converse	.055	.071	.056
Recreation Alone	.080	.111	.043
Housekeeping	.202	.158	.216
Out of Range	.015	.014	.013
Activities Facilitated			
Language/Information	.095	.087	.078
Structured Fine Motor	.043	.031	.049
Work	.012	.014	.014
Physical Needs	.081	.079	.096
Dramatic Play	.011	.011	.008
Music/Dance	.009	.010	.012
Television	.024	.022	.018
Exploratory Fine Motor	.012	.008	.011
Gross Motor	.013	.015	.028
Positive Affect	.044	.056	.066

Histogram of Table 11.3

Comparative Distribution of the Caregiver's Time Across Ethnic Groups



11.3 Child Behavior

Whereas in general there is only one caregiver in each home, there are usually several children in care. Observations of children in care were divided among the younger children in care (one- to three-year-olds) and the older children in care (three- to five-year-olds). Where possible, one child in each age range was observed in each home; however, both of these age groups were not represented in every home. Therefore, the number of children observed in each category is considerably less than the number of caregivers observed: 303 homes and caregivers were represented, but only 253 younger and 161 older children were observed.

Furthermore, because the children were grouped into such broad age spans and because they show rapid development during this age period, the variance in child behavior is often so large as to require multivariate statistical analyses to determine where there are actual differences in the behaviors between one caregiver setting and another. In this section we restrict ourselves to a simple descriptive analysis of the major characteristics of the child samples.

Table 11.4 presents a summary of the observations of the younger and older children in each home. The child variables are divided into socioemotional variables, cognitive/linguistic variables and physical/motor variables. It is useful to compare the frequencies of behaviors for younger and older children, as this reinforces our sense that the observation system was responsive to the kinds of behavior one expects to see in children of these ages.

In the socioemotional domain one notes more affectionate behavior among the younger children as well as more distress, both typical of this age group. Older

Table 11.4

Means and Standard Deviations for Child Behavior

Child Variable	Younger Child (n=210)		Older child (n=137)	
	x	s.d.	x	s.d.
Prosocial activity	.003	.006	.008	.024
Affectionate Behavior	.007	.010	.001	.003
Distress	.006	.009	.001	.004
Attention-seeking with caregiver	.008	.012	.006	.008
Antisocial to other younger children	.002	.005	.001	.004
Controlled by Caregiver	.021	.022	.015	.019
Controls other Young Child	.001	.003	.003	.005
Language/Information with caregiver	.030	.054	.040	.063
Dramatic Play	.007	.021	.024	.038
Looking at Book	.006	.017	.009	.021
Fine Motor Structured activity	.066	.074	.103	.095
Fine Motor Exploration with caregiver	.009	.015	.008	.016
Fine Motor Exploration with other Young Children	.006	.010	.011	.019
Fine Motor Explor. Alone	.216	.122	.150	.120
Conversation w/other Young Children	.001	.002	.003	.006
Conversation w/caregiver	.003	.010	.009	.020
Television Alone	.028	.055	.044	.084
Educational TV w/someone	.014	.040	.018	.048
Noneducational TV w/someone	.015	.043	.015	.038
Music/Dance	.004	.009	.004	.010
Household Work	.004	.014	.007	.020
Gross Motor	.098	.084	.085	.072
Physical Needs w/caregiver	.054	.052	.025	.036
Physical Needs Alone	.112	.096	.087	.067
Monitor environment	.119	.084	.088	.082
Alone	.626	.135	.519	.140
With Other Children	.017	.023	.051	.053
With Caregiver	.147	.099	.118	.101

children demonstrate more prosocial behavior and more frequently control the behavior of a younger child, again as one might expect.

In the cognitive/linguistic domain the older child exhibits more language/information activities, more dramatic play, more fine motor structured activity and more conversation with other young children. The younger child exhibits more fine motor exploratory behavior alone. This picture is in contrast with some previous research indicating that watching TV was the most frequent activity in family day care.[4] The activities in the cognitive/linguistic domain were much more frequent than TV.

In the physical/motor domain the younger child, as expected, has more physical needs to be met. The younger child also monitors the environment more than the older child does.

The summative measures at the bottom of the table are most telling for the current analyses, however. Both younger and older children spend most of their time in independent activity, that is, not directly interacting with either the caregiver or another child. Younger children spend 62.6 percent of their time in this manner, whereas older children spend 51.9 percent--less than younger children but still more than half of their time. The younger children spend 14.2 percent of their time directly interacting with the caregiver, and older children spend 11.8 percent of their time in this way. There are many fewer direct interactions among the children, however. Younger children interact only 1.7 percent of the time with other children, and older children 5.1 percent of the time. Although it is generally agreed that the caregiver's interactions with children are of paramount importance to the children's development, we should not forget to focus our attention on the utilization of that large portion of the child's time spent in independent activity.

11.4 Multiple Regression Analyses

The descriptive profile in the previous section sets the stage for the multivariate analyses of the observation data. The descriptive analysis asked, "What was the process like in family day care homes?" The multivariate analysis asks, "How might differences in caregiver and child behavior be explained?" The descriptive profile alone suggested that regulatory status of the home and ethnicity of the caregiver are variables that are strongly associated with differences in behavior; the multivariate analysis went further by examining the observation data simultaneously across multiple factors of interest, such as regulatory status and ethnicity, and assessing the relative importance of each in explaining caregiver and child behavior.

The simultaneous consideration of multiple factors afforded important advantages over a variable-by-variable examination of the observation data. The variables under consideration were, in addition to the design variables, a set of factors not controlled in design but potentially related to caregiver and child behavior. Examining individually the relationship between each of these factors and behavior was inappropriate--first, because of our interest in how the set of factors explained behavior; and second, because many of the factors were confounded (i.e., not independent of each other). For instance, if caregiver behavior were associated with both caregiver training and the regulatory status of the home, the fact that training and regulatory status are correlated means that these associations cannot be interpreted individually; the effects could not solely be attributed to either factor. As many of the factors of interest were confounded in the study design and/or correlated in the real world*, it was necessary to use techniques that could consider factors jointly and that could take into account the pattern of confounding. Multiple regression, although it could not completely disentangle correlated factors, did allow us to construct and test several different sets of factors, which were selected to minimize confounding within a set.

In this sense, we used multiple regression as an exploratory procedure. Because we wanted to explain caregiver and child behavior and to assess the relative importance of the multiple factors as well as possible, we formulated various sets that tested a variety of hypotheses about the behaviors observed. Alternatively, it would have been possible to enter all factors of interest simultaneously in a multiple regression analysis. Although this probably would have accounted for a relatively large proportion of the variance in behavior (i.e., a high R^2), it would have been impossible to assess the contributions of individual factors, since so many are confounded. Also, the total number of factors is large relative to the sample size, which often leads to inflated results. For these reasons, and because explanation was the focus, we developed smaller, simpler models to test.

In all of the regression models tested, we looked for patterns of effects among the independent variables across the dependent measures. We did not stress any one dependent measure as a criterion of a good or bad environment, but instead sought consistent effects across related measures (e.g., across measures relating to cognitive/linguistic teaching). By focusing on consistent patterns, we are less likely to overinterpret the data.

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*For example, in this study sample, caregiver education and ethnicity are confounded. That is, the Hispanic sample by and large had less education. This confounding means that ethnicity and education often cannot be separated analytically.

11.4.1 Construction of the Regression Models and Design of the Analyses

The regression analyses involved a number of stages, leading from a model in which all independent measures were entered to models that included subsets of the independent measures that were not highly confounded, and leading from a model utilizing the full sample of caregivers and children to models utilizing subsets formed by stratifying the sample along one or more of the independent measures. At the first stage of regression analysis, in which all the independent measures were tested on the full sample of caregivers and children, similar analyses were carried out by AAI and by SRI. SRI examined the relationships between the independent and dependent measures in a regression model that entered all independent measures and the two-way interactions among the three design variables (site, regulatory status and caregiver ethnicity). The results, which are reported in SRI's Observation Component Report, suggest that the main effects of the independent measures are difficult to interpret in a straightforward way because of confounding among them and because of significant interactions. In AAI's analysis it was therefore imperative to go beyond this regression model, by developing other models that begin to disentangle these effects.

In AAI's analyses, a main regression model was constructed that utilized a set of the independent measures that were of principal interest and that were relatively unconfounded with each other. This model was first tested with the full samples of caregivers and children. In addition, this model was run on subsamples of the data stratified by major independent measures. These analyses of the stratified samples served two purposes. First, they allowed examination of possible interactions among independent measures. For instance, when large effects for site were found with the main regression model in the full sample, the same model was then tested in each site separately (i.e., on the data stratified by site) to see whether the effects of the other independent measures varied by site. Thus, stratification was used to test for interactions, rather than entering interaction terms in the main regression model.

A second reason for doing regression analyses on stratified samples was to test alternative hypotheses about effects on caregiver behavior. That is, where two confounded independent measures both had effects, we stratified the sample so that, in each stratum, one of the variables was held constant and the other varied. Regressions were then conducted separately in each stratum to assess the effects of each independent measure separately. This effectively unconfounded the measures in analysis. For instance, since caregiver education and ethnicity were confounded and both were associated with caregiver behavior, a regression model that included education was tested for each ethnic group of caregivers separately. This allowed us to examine the effects of education with ethnicity controlled.

The multiple analyses based on stratified subsamples were used to distinguish effects that were robust or consistent in all subsamples, to identify effects that were the result of interactions among the independent measures and, finally, to identify measures that were too inconsistent to be relied on. In other words, we did not feel that single analyses of the overall data set would suffice, because of confoundings among the independent measures. Thus, in order for a finding to be credible, we determined that it must hold for relevant subsets of the data as well as in the overall data set.

Although the independent measures in the main regression model were relatively unconfounded, we were able to examine alternative hypotheses involving other, correlated independent measures through the technique of "carrying along" measures. In the regression analyses, each time one of the principal independent measures was entered, we calculated what the effects would be for an additional set of promising but confounded (and therefore unentered) measures. Thus, although these promising measures were not directly entered into the main regression equation, we were able to discover which ones would have had effects in addition to or instead of the principal factors. The results for the variables that were carried along often determined where stratification or special additional regression analyses might be fruitful. For example, ethnicity of caregiver was carried along in regressions which entered caregiver education, with which ethnicity was confounded. This allowed us to note when ethnicity would have had effects beyond those for education or instead of it.

From this general discussion of our approach in the regression analyses, let us now return to a more specific introduction to the various regression models tested. First, the sets of principal and promising independent measures are defined, followed by a description of the independent measures in each model and the subsamples of the data on which each model was tested.

In formulating the regression models, first the set of all potential independent measures was defined, including the study design variables, caregiver and child characteristics, and group composition measures. Because there were so many independent measures, not all could be tested in a single regression model. Thus a set of principal factors was defined which was included in virtually all of the analyses. These factors were chosen to be relatively unconfounded with each other. A set of "promising" factors was also defined. These were variables which were of interest but which were confounded with one or more of the principal measures. For example, the ethnicity of the caregiver was of interest because of its possible association with caregiver behavior, but its confounding with caregiver education meant that the two could not be included in the same model. The 29 independent measures considered for inclusion in the regression analyses are listed in Table 11.5, and the status of each is indicated--principal factor, promising factor, or excluded factor.

Table 11.6 lists the regression models tested. The main model entered 14 factors. Two design variables were entered, site and regulatory status of the home. Each was represented by three binary variables--Los Angeles, Philadelphia, San Antonio and sponsored, regulated, unregulated. (The third design variable, ethnicity of caregiver, was not entered in the regressions because of its confounding with education; it was, however, carried along.) One caregiver characteristic was entered--caregiver education. Among the other five originally considered, three (age, income, marital status) were discarded on the basis of nonsignificant simple correlations with caregiver or child behavior. Caregiver training and experience were confounded with other principal factors as well as with education (see Table 11.7), and therefore were not entered in the main model but were carried along. Three variables denoting

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Table 11.5

Factors of Interest in Regression Models

Factor	Disposition in Regressions and Rationale
Design variables	
Site	
Los Angeles (0/1)	Principal factor (entered in most regressions)
Philadelphia (0/1)	Principal factor
San Antonio (0/1)	Principal factor
Regulatory Status	
Sponsored (0/1)	Principal factor
Regulated (0/1)	Principal factor
Unregulated (0/1)	Principal factor
Ethnicity of Caregiver	
Black (0/1)	Promising factors but confounded with education; carried along in most regressions and data stratified by ethnicity
White (0/1)	
Hispanic (0/1)	
Caregiver Characteristics	
Background	
Age	Discarded; no effects
Income	Discarded; no effects
Marital status (0/1)	Discarded; no effects
Years of education	Principal factor (confounded with ethnicity)
Qualifications	
Training (0/1)	Promising factors but confounded with regulatory status; carried along in most regressions and tested in sample stratified by regulatory status of home
Experience	
Group Composition	
Total # of children	Principal factor
# Age groups	Promising factor but confounded with # kids and ages; carried along
# Infants	Discarded; other forms of age groups used because these were confounded with each other and with total # of children
# Toddlers	
# Preschoolers	
# Schoolers	
Infant present (0/1)	Principal factor
Toddler present (0/1)	Principal factor
Preschooler present (0/1)	Principal factor
Schooler present (0/1)	Promising factor but confounded with preschooler; carried along
Child Characteristics	
Own child in home (0/1)	Principal factor
Related child in home (0/1)	Principal factor
Grandchild in home (0/1)	Principal factor
Proportion single-parent families	Discarded; no effects

Table 11.6

Summary of Regression Models

Sample Description	Purpose of Regression	N Children	Infant	Toddler	Preschooler	Schooler	Los Angeles	Philadelphia	San Antonio	Sponsored	Regulated	Unregulated	Black	White	Hispanic	Years of ed	Training	Experience	Own Child Care	Related Child Care
Full Sample[a]	Main Model	*	*	*	*	c	*	*	*	*	*	*	c	c	c	*	c	c	*	*
Full Sample	Test alternative group composition measures	c	2	2	2	c	*	*	*	*	*	*	c	c	c	*	c	c	*	*
Within site	Test site interactions	*	*	*	*	c	/	/	/	*	*	*	c	c	c	*	c	c	*	*
Within type of home	To test regulatory status interactions; to test effects of caregiver qualifications unconfounded with regulatory status	*	*	*	*	c	*	*	*	/	/	/	c	c	c	*	c	c	*	*
Within ethnic group of caregiver	To test effects of caregiver characteristics unconfounded with ethnicity	*	*	*	*	c	*	*	*	*	*	*	/	/	/	*	*	*	*	*
Homes enrolling 3 or fewer children	To reduce confounding of sponsorship and group size and test sponsorship effect with group controlled	*	*	*	*	c	*	*	*	*	*	*	c	c	c	*	c	c	*	*
Homes of white, urban		*	*	*	*	c	*	*	+	/	/	/	/	/	/	*	*	*	*	*
Homes enrolling at least 1 infant and 1 toddler		*	*	/	/	c	*	*	*	*	*	*	c	c	c	*	c	c	*	*

[a] This regression tested with full caregiver and child data special regressions on stratified samples carried out only on caregiver data.

KEY

* = entered
c = carried along, but not entered
/ = stratified variable held constant in regression
2 = continuous rather than binary versions of the group composition measures

Table 11.7

Significant[a] Correlations Among Independent Measures (N=258)

	Infants	Toddlers	Preschoolers	Schoolers	# Age Groups	Education	Training	Experience	Age	Marital Status	Income	Prop Single Parents	Related Child	Grandchild	Own child	LA	Philadelphia	San Antonio	Sponsored	Licensed	Unregulated	Black	White	Hispanic
Total Group Size		.23	.24	.17	.39	.16			-.15	.13	.17									.26	-.19			-.16
Infants			-.15	.17	.39															.17	-.13			
Toddlers					.35																.20			
Preschoolers				.24	.57																			
Schoolers								.20																
# Age Groups								.20					-.13	-.14						.26	-.23			
Caregiver Education							.22	-.17	-.36		.39		-.13	-.14	.20		.15	-.20					.36	-.46
Caregiver Training											.15		.14					-.14	-.42		-.28		.13	
Caregiver Experience									.47						-.32					.23	-.14	-.14	.14	
Caregiver Age										-.38	-.44						-.13					.24	-.32	
Caregiver Marital Status											.59											-.36	.22	
Caregiver Income																		-.14				-.28	.45	-.21
Prop Single Parent Children																								
Related Child Care														.78	-.13					-.13	.23		-.17	
Grandchild Care															-.23				-.15	-.15	.29		-.14	
Own Child Care																		-.13	-.14		.21	-.13	.17	
Los Angeles																			.27		-.17	.19	.13	-.34
Philadelphia																					-.17	.19	.13	-.34
San Antonio																			-.25					.23
Sponsored																								
Regulated																								
Unregulated																								
Black Caregiver																							-.56	-.41
White Caregiver																								-.53
Hispanic Caregiver																								

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[a] Correlations shown are significant at least at p < .05, 2-tailed test.

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characteristics of the children (other than age) were entered--own child in the home, related child in the home and grandchild in the home. The latter two measures were highly correlated, as homes with the caregiver's grandchild present were a subset of homes with a related child present. Finally, four measures describing the *composition of the group of children in the home* were entered--total enrollment and simple binary measures for each age group (presence of an infant, presence of a toddler, and presence of a preschooler). The variable for a school-aged child was carried along but not entered because it was confounded with the other group composition variables (Table 11.7).

As Table 11.6 indicated, a second model was tested on the full sample that used alternative versions of the group composition variables. Instead of the binary versions of the age variables (e.g., *presence* of an infant), actual counts were entered (*number* of infants, toddlers, preschoolers). In the regression analysis entering these continuous count variables for each of the separate age categories, the count for total enrollment could not also be entered, because of its high correlation with the separate counts by age (Table 11.8). Thus, the alternative group composition measures entered in the first two regression models were the following.

Main Model	Alternate Model
Number of children	
Presence of infant	Number of infants
Presence of toddler	Number of toddlers
Presence of preschooler	Number of preschoolers

The binary versions of the group composition parameters were retained in subsequent regression analyses for two reasons. First, the main regression model had larger R^2's, probably because group size (number of children) is such a powerful explanatory variable in its own right. In addition, the main model had better explanatory power because it began to disentangle the effects of group size and age composition. The binary versions indicating the presence of an infant, toddler, or preschooler retained much of the information content of the continuous versions (which indicated number as well), as seen in the high correlations between corresponding age composition measures (Table 11.7). At the same time, these binary variables substantially reduced the confounding of age composition with enrollment, and therefore allowed age and enrollment to be entered simultaneously in a regression.

Table 11.8

Correlations Among Measures of Group Composition
(n = 258 homes)

	# Infants	# Toddlers	# Pre-schoolers	# Schoolers	# Children Enrolled
Infants (0/1)	.73	-.09	-.11	-.04	.12
Toddlers (0/1)	-.05	.56	.01	.00	.23
Preschoolers (0/1)	-.16	.01	.68	.21	.24
Schoolers (0/1)	-.06	.05	.23	.66	.17
# Children Enrolled	.28	.51	.45	.20	1.00

Significance

r	p
.13	.05
.16	.01

Three of the regression models were tested on stratified samples to detect interactions involving site, regulatory status, and caregiver ethnicity. Each of these three design variables was used to stratify the sample in order to perform subanalyses. Regressions were performed within site to test for interactions of site and the other factors of interest (i.e., do the effects of the principal factors that were noted in the overall study sample hold also for each site?) Analyses were also conducted within type of home (sponsored, regulated, unregulated). These were intended, as were the within-site analyses, to test for interactions, but more important, these analyses tested the effects of caregiver training and experience, both of which were confounded with site. Also, ethnicity of caregiver was used to stratify the sample. Because education and ethnicity were confounded, the effects for education were examined in each ethnic group of caregivers to see if education effects held for each group.

One of the regression analyses was designed to test an alternative hypothesis concerning the effects for regulatory status of the home. In our sample, sponsored homes tended to be larger. Thus, it was possible that the effect for sponsorship was at least partially a group size effect; that is, that the differences attributed to sponsorship were actually caused by having more children in the home. Therefore, the main regression model entering all of the principal factors including regulatory status was run on the subsample of smaller homes (with three or fewer children). In this subsample, group size and sponsorship were not confounded, and effects for sponsorship would be attributed to regulatory status and not to enrollment.

Another regression analysis was to test an alternative hypothesis for the effect of the caregiver's own children in care. In the sample of homes, those with the caregiver's own child in care were characterized by a pattern of other factors: the caregivers tended to be White, educated, young and unlicensed. In order to assess whether effects for caregiver's own child in care could be caused by this constellation of factors, the main regression model including the variable for caregiver's own child in care was run on the subsample of homes of White, unlicensed caregivers. If there were effects for caregiver's own child in care in this restricted sample, the effects in the overall sample could not be caused completely by the configuration of other related factors.

Finally, a special regression analysis was run on the sample of homes with at least one preschooler and one toddler. Earlier regressions had clearly shown the important effect of age-mixing with these two groups. It was felt that these effects would best be tested in the sample of homes where both groups were present during the observations.

11.4.2 Technique for Entering Variables

The results of the the regression analyses are reported at the point where all the independent measures have been entered; that is, as if all measures were entered simultaneously. In conducting the analyses, however, a stepwise regression technique was employed in order to clarify effects among correlated independent measures. There was no theoretical basis for a particular order of entry; among the set of factors specified to be included, factors were included for entry on the basis of strength. Therefore, only the results of the final step of each regression equation are reported, after all predictors have been entered. In the stepwise technique, the strongest factor was entered first, followed by the second strongest, and so on. A minimum level of significance was set to exclude from entry any variable that made essentially no contribution to explaining variance. The results of the regressions will show, however, that some factors were entered with nonsignificant effects. This is because in stepwise regression, once a variable is entered, it is not "locked in"; if variables subsequently entered are correlated with the prior one, its weight in the regression equation will be affected (i.e., decreased).

11.4.3 The Regression Sample

Observations were made in 303 homes. In each home, the caregiver, and, if possible, a toddler and a preschooler were observed. In most of the homes, a toddler was present to be observed; a preschooler was present in only about half of the homes. Of the caregivers and children observed, only those with complete information on all the independent measures were included in the analyses. As Table 11.9 shows, caregivers in 258 homes had full data, along with 210 toddlers and 138 preschoolers. This meant that the sample size in the analyses varied, depending on which dependent variable was being examined. That is, for the child variables, sample sizes were 210 and 138 for toddler and preschooler variables, respectively. For caregivers, there was a sample size of 258 for measures of behavior that summed interactions with any number of children, a sample size of 213 for interactions with an individual toddler, and a sample size of 138 for interactions with an individual preschooler.

Table 11.9

Sample Sizes for the Observation Data

	Los Angeles	San Antonio	Philadelphia	Total
Homes Observed	99	115	89	303
Caregivers with Full Data	91	106	61	258
Toddlers with Full Data	78	92	43	213
Preschoolers with Full Data	50	58	30	138

11.5 Findings of the Regression Analyses

The results of the regression analyses are organized in terms of the principal factors of interest: group composition in the home (enrollment and age composition), regulatory status of the home, caregiver characteristics (background and qualifications), site, and child characteristics (own child in care, related children in care). For each measure or set of measures, the results include those obtained with the full data set and with relevant stratified subsamples. As discussed earlier, the focus is on meaningful patterns of effects across the dependent measures rather than on effects for any particular measures. No dependent measure alone is critical, but related sets of measures do begin to show consistent effects which suggest a true finding.

In the discussion of results the focus is primarily on the results of the AAI analyses, although reference to the SRI analyses is made where those findings provide for richer interpretation. The discussion also focuses on the caregiver data. Results from the child observations are presented in terms of their corroboration or contradiction of the results for caregivers. This is not only because the regressions were better able to predict caregiver behavior, but also because the caregiver variables provided a fuller description of the interactions between caregivers and children (versus children's peer interactions or independent activities), and these interactions are of particular interest. Although in two of the three sites caregiver and child data were collected on different days, it was considered justifiable to look across the caregiver and child data sets for correspondence in the pattern of associations of the factors and the observation data.

The discussion of results is supported in most cases by a summary table which indicates the significant effects for the independent measure of interest. In addition, Appendix B shows, for the main regression model, full tables of beta weights and significances for each caregiver and child variable.

With regard to the independent measures, the discussion of results focuses on the effects of individual measures and sets of independent measures that have a conceptual meaning taken together, such as the group composition measures or the caregiver qualification measures. R^2, the overall power of the entire set of measures in the regression model to predict caregiver and child behavior, is given, but is not a principal concern of the analyses. For easy reference, however, Appendix C shows the proportion of variance in each dependent measure that was accounted for by the 14 measures in the main regression model.

11.5.1 Effects for Measures of Group Composition (Number and Ages of Children in the Home)

Two aspects of the group composition in the home were examined: the total enrollment and the age groups represented. Enrollment is a measure of caregiver burden, and the question asked was whether an increase in the caregiver burden was associated with changing patterns of activities and interactions in the home. For the measures of ages in the home, the question was whether the particular age mix in a home influenced caregiver and child behavior. The regression analyses showed that both aspects of group composition were related to the kinds of activities and the caregiver/child interactions in the home. In fact, these measures of group composition were the strongest and most consistent correlates of behavior among all of the independent measures. In the discussion that follows, the findings for enrollment are presented first, for caregivers and children, followed by the findings for age mix.

Total Enrollment

Caregiver Behavior

The caregiver's behavior with children was strongly related to the total number of children in the home. As the number of children in the home increased, interactions of virtually all types between the caregiver and individual children decreased (with the exception of control situations). At the same time, caregivers' interactions with two or more children increased. This was true for both younger and older children.

Tables 11.10 and 11.11 show only the significant effects of enrollment on caregiver behavior.* Note the

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*Since most of the tables in this section have the same format as Table 11.10, a brief introduction to reading the tables is in order. These tables report the significant relationships from the regression analyses and the direction of the relation: positive (+) or negative (-). Unless otherwise indicated, the analyses used the entire caregiver and child sample, with these independent measures entered in the model: site (3 binary variables); total enrollment; infant, toddler, preschooler (all binary); years of caregiver education; regulatory status (3 binary variables), relative care and own child care. Each of the tables shows the results for some or all of these independent measures after all of the measures had been entered in the equation. The variables listed across the top of the tables are the dependent measures; the variables listed at the left indicate the independent measures and the subsample of the data being discussed.

For the significant effects (defined as those significant at $p < .05$), the direction of the relationship is indicated. Supporting tables with full information on beta weights and F- statistics are provided in Appendix B. For the caregiver variables, results are shown separately for caregiver-to-toddler, caregiver-to-preschooler, and caregiver-to-children (all ages and numbers). For the child variables, data are presented separately for toddlers and preschoolers.

Table 11.10

Significant Regression Results for Caregiver Behavior and Group Composition Variables[a]

	HOW[b]										WHAT												TO WHOM		AFFECT/CONTROL					
	Teach*	Play*	Help*	Direct*	Conversation*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structured Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Caregiver to Toddler (n = 213)																														
Total Enrollment	-	-	-	-	-						-	-									-	-								
Infants																					-									
Toddlers			-																			-								
Preschoolers	-	-	-	-	-						-	-									-	-								
(Schoolers)[c]	(-)										(-)											(-)								
Caregiver to Preschooler (n = 138)																														
Total Enrollment	-	-	-	-	-						-	-									-	-								
Infants																														
Toddlers		-																			-									
Preschoolers			-																											
(Schoolers)[c]	(-)										(-)											(-)								
Caregiver to Toddler, Preschooler or Group (n = 158)																														
Total Enrollment		-						-	-						+												+			+
Infants			+									-				+	+			-		+	+							
Toddlers	+		+			+	-	-	-						+															+
Preschoolers			-													-	+				+	-	-	+						
(Schoolers)[c]	(-)						(+)											(-)		-				(+)						

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[a] Relationships noted are p < .05

[b] The sets of caregiver variables are mutually exclusive within sets, but codes can overlap across sets. Variables with asterisks were analysed separately for one toddler, one preschooler, all children; other variables are analysed only for all children.

[c] Schoolers not entered in regressions; signs in parentheses indicate significant simple correlations.

Table 11.11

Significant Regression Results for Caregiver Behavior with Groups and Group Composition Variables[a]

	HOW[b]										WHAT												TO WHOM		AFFECT/CONTROL					
Caregiver to Groups (> 1 Child) (n = 258)	Teach*	Play*	Help*	Direct*	Conversation*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structured Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Total Enrollment	+	+	+	+	+						+	+									+	+								
Infants																														
Toddlers	+	+																				+								
Preschoolers	+	+	+	+							+	+									+	+								
(Schoolers)[c]																														

[a] Relationships noted are $p < .05$

[b] The sets of caregiver variables are mutually exclusive within sets, but codes can overlap across sets. Variables with asterisks were analyzed separately for one toddler, one preschooler, all children; other variables are analyzed only for all children.

[c] Schoolers not entered in regressions; signs in parentheses indicate significant simple correlations.

consistent decrease in interaction between caregivers and individual children as group size increased (shown as "-" in Table 11.10); the direction of the effects of group size is reversed for interactions with two or more children, which increased with group size ("+" in Table 11.11). In larger homes, caregivers spend less time with individual children and more time with groups of two or more. They need to exert more control and have less time for activities not related to children.

Table 11.10 includes summary variables that combine all caregiver interactions with children--individual children or groups. For these variables the group size effect is smaller. In larger groups, caregivers spend more time controlling children and encouraging prosocial behavior (these two are correlated measures); play, housekeeping and recreation alone by the caregiver decrease with group size. The diminished effect of group size on the summary variables must be, in part, because these variables combine interactions with individual children, which decrease with group size, and interactions with groups, which increase with group size. (The effects concerning housekeeping and recreation may also be affected by the confounding of group size and regulatory status of the home. Sponsored homes tend to be larger, and these types of caregiver behavior are less frequent in sponsored homes. See Section 11.5.2 for a further discussion.)

Child Behavior

The group size effects for the child-focused data present a pattern complementary to that of the caregiver data. In homes with more children present, children spend less time interacting with the caregiver but more time interacting with other children (Table 11.12). Increased group size provides, from the child's point of view, more

Table 11.12

Direction of Significant Regression Results for Child Behavior and Group Composition Measures[a]

	TOTALS				CHILD ACTIVITIES																							
	Monitors	Alone	w/ Other Children	w/ Caregiver	Prosocial	Affection	Distress	Seeks Attention	Dramatic Play	Read Book	Lang. Info w/ Caregiver	Struc. Fine Motor	Exploratory Fine Motor Alone	Exploratory Fine Motor w/ Child	Exploratory Fine Motor w/ Caregiver	Work	Music	Gross Motor	TV Alone	Educational TV	Noneducational TV	Phys. Needs Alone	Phys. Needs w/ Cg.	Conv. w/ Young Child	Conv. w/ Caregiver	Antisocial w/ Young Child	Control Young Child	Caregiver Controls
Toddlers (n=210)																												
Total enrollment	+	+	+	–		–	–	–	+					+	–						–		–	+			+	
Infants		+		–		+								–		–											+	
Preschoolers[b]	+							–			–				–			+								+		
(Schoolers)[c]																												
Preschoolers (n=137)																												
Total enrollment			+	–		–								+	–		–					–	–	+			+	
Infants																								+				
Toddlers							–							+	–			–	–									
(Schoolers)[c]				(–)							(–)						(–)											

[a] Relationships noted are significant at $p < .05$.

[b] Regression model included "preschooler" variable for toddler sample and "toddler" variable for preschooler sample.

[c] Schoolers was not entered in regressions; signs in parentheses indicate significant simple correlation.

opportunities for peer interaction. This was true for both toddlers and preschoolers. For toddlers, larger groups were also associated with more time in independent activity and more time monitoring the environment. Thus, although the caregiver and child observations in each home cannot be considered two perspectives of the same scene, having been recorded on different days, they nevertheless present a consistent story regarding group size.

The question of negative effects of increasing caregiver burden is a moot one, as there is no way to evaluate the relative benefits of interaction with peers versus interaction with caregivers--and for toddlers, even the time spent in independent activity can be considered developmentally appropriate. Further, in larger homes, it is reasonable and probably effective for the caregiver to encourage more child/child interactions, more independent activities and more group activities.

Age Mix

Caregiver Behavior

The strongest effects for age mix concerned caregiver interaction with toddlers. The presence of a preschooler was associated with a significant decrease in all of the caregiver's one-to-one interactions with individual toddlers (Table 11.10). Caregiver interactions with individual preschool children were less strongly influenced by the presence of a toddler. In homes with a toddler, there was a decrease for preschoolers in two types of "noncognitive" interaction with caregivers--play and work.

The effect of an infant in the home was seen almost exclusively on the summary variables, and most of the relationships are predictable. In homes with an infant present, caregivers tended to display more affection, provide more comfort, help more, and attend more often to physical needs (Table 11.10). (The decreases in watching TV and in structured fine motor activity are less easily explained.) Thus, while the presence of an infant had little effect on the kinds or amounts of interaction between caregivers and the individual toddler or preschool child, it did appear to require some special behavior by the caregiver.

Further elaboration of the effect of an infant was found in one of the subsample analyses. Homes were selected where there was at least one toddler and one preschooler present. In this sample, the presence of an infant in the home was associated with less cognitive activity (teach, language/information, and structured fine motor activity) and more help and attention to physical needs.* Thus, in homes where an infant's presence means that three age groups are represented, the effect of the infant is to reduce certain positive kinds of caregiver interaction with the older children.

It was difficult with our sample to examine the effect of school-aged children in the home. First, because observations were done in the morning, when most school-aged children were away, fewer than 30 percent of the homes had a school-aged child present during the observations. Second, the presence of a school-aged child was significantly correlated with the presence of a preschooler, so the two variables were not entered together in the regressions. The presence of a school-aged child was correlated with fewer cognitive activities for both the toddler and preschooler and less attention to physical needs. If the variable for school-aged child had been entered in the regressions along with the variable for preschooler, it would have been significant on only one variable, caregiver interacts with school-aged child.

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*The presence of an infant was also associated with less music activity and more dramatic play; neither of these findings is clearly interpretable.

Child Behavior

The effect of age mix was not as strong for child behavior as for caregiver behavior, but the results that were significant formed a pattern consistent with the pattern for caregivers. For toddlers, the presence of a preschooler was associated with more monitoring of the environment and less interaction with the caregiver, results that parallel the picture presented in the caregiver data. Other results for toddlers were that the presence of a preschooler in the home was associated with more gross motor activity (which was more frequent among preschoolers than among toddlers) and more antisocial behavior. A toddler in the home had little effect on the behavior of preschool children.

The presence of an infant had few relationships to toddler behavior, and there were no effects on the behavior of preschool children. Although there were several effects for toddlers, there was no clear pattern. An infant was associated with more affection, more control of another child, and more time alone, and less work and less exploratory fine motor activity with another child.

Conversely, the presence of a school-aged child was related only to the behavior of preschool children. For preschoolers, a school-aged child was associated with less language/ information activity with the caregiver, less total interaction with the caregiver and less music. One source of additional information about the effects of school-aged children in the home is the SRI reliability analyses of the observation instruments.* SRI did afternoon observations in a subsample of 12 homes. As school-aged children were present in these homes, the data suggest how caregivers and younger children are affected by school-aged children. The data suggest that the presence of the additional older age group required a shift in the caregiver's attention away from the younger children, especially the preschoolers. SRI found that, compared with the morning observations, in the afternoon caregivers spent significantly more time interacting with school-aged children and less time interacting with preschoolers. Toddlers and preschoolers spent less time watching educational TV and more time watching noneducational TV.

11.5.2 Effects for Regulatory Status of the Home

The descriptive analyses showed consistent mean differences in caregiver behavior in sponsored homes compared to regulated and unregulated homes. The regression analyses confirmed these differences. Even with other independent measures accounted for, sponsored homes looked very different--with more cognitive teaching activities and less frequent caregiver behavior that did not involve children.

Caregiver Behavior

Table 11.13 shows the significant regression effects of the regulatory status variables for caregiver behavior.** Caregivers in sponsored homes tended to engage

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* See SRI's Observation Component Report for further detail on this analysis.

**The SRI regression analyses showed an interesting interaction between site and regulatory status. In San Antonio, the difference between sponsored and unsponsored homes was particularly strong; sponsored caregivers engaged in more teaching and language/information activities. All of the sponsored homes in San Antonio belonged to the same network, which provided special training opportunities.

Table 11.13

Significant Regression Results for Caregiver Behavior and Regulatory Status of the Home[a]

	HOW[b]										WHAT												TO WHOM		AFFECT/CONTROL					
	Teach*	Play*	Help*	Direct*	Conversion*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structure Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Caregiver to Toddler (n=213)																														
Sponsored												+																		
Regulated																														
Unregulated																														
Caregiver to Preschooler (n=138)																														
Sponsored	+	(+)[c]									+	+																		
Regulated																														
Unregulated																														
Caregiver to Toddler, Preschooler or Group ((n=158)																														
Sponsored	+					(+)			(−)		+	+	(+)					+												
Regulated									(−)			(−)											(+)							
Unregulated						−		(+)	+						(−)			(−)												

[a] Relationships noted are $p < .05$

[b] The sets of caregiver variables are mutually - exclusive within sets, but codes can overlap across sets. Variables with asterisks were analyzed separately for toddler, preschool, and all children; other variables were analyzed only for all children

[c] Entries in parenthesis indicate significant simple correlation that were not significant in repressions because of correlation among site variables.

more often in cognitive activities--teaching, language/ information activities, and structured fine motor activities. (In addition, sponsored homes more often had music activities.) Caregivers in sponsored homes tended to do more supervision/ preparation and less recreation alone, while the reverse pattern held in the unregulated homes.*

The pattern of effects suggests that sponsored homes look more center-like and less home-like. The reasons sponsored homes look different are probably multiple and complex. An important difference involves the caregivers themselves. As reported in Chapter Five, caregivers in sponsored homes more often had received some training. It is also likely that caregivers who have become affiliated with a sponsor have a different orientation toward their work than caregivers operating alone, in that they are more inclined to perceive themselves as professionals. As an example, an attitude questionnaire was administered to caregivers in which they expressed their philosophies about child-rearing, education and the like. On this questionnaire, sponsored caregivers more often stressed the importance of the educational rather than the social environment.** Such differences might explain the more structured environment in sponsored homes.

Another possible explanation for the pattern of activities that distinguished sponsored homes is that, in our sample, enrollment and regulatory status of the home are confounded. Sponsored homes tended to be larger, which might account for a higher frequency of structured activities. To test this hypothesis, a regression analysis was run on a sample of homes in which group size was controlled. That is, the only homes included in the analysis were those enrolling three or fewer children. In this sample, not only did the same differences hold between sponsored and other homes, the results were stronger and involved a wider set of the dependent variables. In this special subsample, the sponsored homes also tended to have significantly more caregiver conversation with preschoolers, more helping, and less housekeeping. Thus we conclude that there are marked differences in sponsored homes, and these differences are not attributable to the size of the sponsored homes.

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* It should be noted that all three of the binary variables representing regulatory status could not be significant in the same regression equation, since any two completely determine the third. This was also true for the site variables.

**See later section "Caregiver Opinions" for further discussion of results of the attitude questionnaire.

Child Behavior

The effects of regulatory status of the home were less strong and less systematic for the child variables (Table 11.14). The results that were consistent with those for caregivers were the following: first, for both toddler and preschool children, there was more structured fine motor activity in sponsored homes; and second, for toddlers, there was less interaction with the caregiver in regulated homes. The remaining effects for children were too scattered to interpret.

11.5.3 Effects for Caregiver Characteristics

Three caregiver characteristics were examined in the regression equations--years of education, years of experience, and training (yes or no). The regression analyses did not provide a clear picture of how these characteristics were related to caregiver behavior. For experience, there were just too few significant effects. For education and training, the regression equations could

Table 11.14

Significant Regression Results for Child Behavior and Regulatory Status of the Home[a]

	TOTALS				CHILD ACTIVITIES																							
	Monitors	Alone	w/ Other Children	w/ Caregiver	Prosocial	Affection	Distress	Seeks Attention	Dramatic Play	Read Book	Lang. Info w/ Caregiver	Struc. Fine Motor	Exploratory Fine Motor Alone	Exploratory Fine Motor w/ Child	Exploratory Fine Motor w/ Caregiver	Work	Music	Gross Motor	TV Alone	Educational TV	Noneducational TV	Phys. Needs Alone	Phys. Needs w/ Cg.	Conv. w/ Young Child	Conv. w/ Caregiver	Antisocial w/ Young Child	Control Young Child	Caregiver Controls
Toddlers (n=210)																												
Sponsored			+									+																
Regulated				-								-			-					+								
Unregulated					-												-	-			+							
Preschoolers (n=137)																												
Sponsored												+																
Regulated															-			+										
Unregulated						+							+															

[a] Relationships noted are significant at $p < .05$.

not assess their independent effects because each was substantially confounded with a design variable--education with caregiver ethnicity and training with regulatory status. What the regressions did show were the effects associated with a complex of variables that included caregiver background--with ethnicity and education on the one hand, and with training and regulatory status of the homes on the other. In the following discussion, the results for years of education (and ethnicity of caregiver) are presented first, and the results for training are then described.

Caregiver Ethnicity and Years of Education

Caregiver Behavior

In the major regression model, years of education was entered as a principal independent variable, while ethnicity was carried along. More education was associated with more teaching, more language/information and prosocial activity, and less helping, directing, household work, attention to physical needs, and positive affect. The strongest contrast was between Hispanic and White caregivers, where the difference in average levels of education was also greatest. Hispanic caregivers tended to help and direct children more and attend to physical needs more often. Hispanic caregivers also spent less time in recreation alone. They displayed more positive affect and less negative affect; they facilitated prosocial activity (which tended to go along with control situations) less often. Finally, they facilitated TV-watching more often (educational and non-educational TV were not distinguished). In contrast, White caregivers spent less time in directing, helping, attending to physical needs, and facilitating TV, and they displayed less positive affect. The Black caregivers were significantly different from the other two groups: they did less housekeeping

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and structured fine motor activity, and more recreation. (This last finding about time away from children may be related to the fact that two-caregiver homes were clustered in Black homes.)

However, some of the effects suggest more structured teaching among educated caregivers. Most of these relationships could be attributed to caregiver ethnicity as well, as on nearly every measure of caregiver behavior where education had an effect, ethnicity would also have been significant if it had been entered instead. In order to help disentangle the effects of education and ethnicity, regression analyses were done for each ethnic group separately. The question was whether the same effects for education appeared with ethnicity controlled. Unfortunately, these analyses were not very helpful in unconfounding the effects of education and ethnicity, as the relationships between education and caregiver behavior varied across the ethnic groups (Table 11.15). Education had little effect in the sample of Black caregivers; it had the largest and most interpretable effects in the sample of Hispanic caregivers; the effects in the sample of White caregivers were scattered.

More specifically, among Hispanic caregivers, education was associated with more teaching, both cognitive and social, and less non-educational activity. Education was related to more teaching, play/participation, language/information activities, and prosocial activities; it was related to less conversation with adults, household work with preschoolers, directing preschoolers, and attention to physical needs. The larger effects for Hispanic caregivers, compared to White and Black caregivers, may be because a wider range of education is represented in the Hispanic sample. The effects among White caregivers are consistent in tone with the results for Hispanic caregivers but fewer in number. For White caregivers education was related to

Table 11.15

Significant Regression Results for Caregiver Behavior and Years of Education, Within Ethnic Groups[a]

	HOW[b]										WHAT											TO WHOM		AFFECT/CONTROL					
	Teach*	Play*	Help*	Direct*	Conversation*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structure Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Caregiver to Toddler																														
Yrs. Educ. for Black Crgvrs.		−																												
Yrs. Educ. for White Crgvrs.				−																	−									
Yrs. Educ. for Hispanic Crgvrs.	+				−																	−								
Yrs. Educ. for All Crgvrs.			−[H]	−[H]	−																−	−[H]								
Caregiver to Preschooler																														
Yrs. Educ. for Black Crgvrs.				−																	−									
Yrs. Educ. for White Crgvrs.																														
Yrs. Educ. for Hispanic Crgvrs.				−																	−									
Yrs. Educ. for All Crgvrs.			−[H]	−[H]																	−	−[H]								
Caregiver to Toddler, Preschooler or group																														
Yrs. Educ. for Black Crgvrs.																														
Yrs. Educ. for White Crgvrs.				−										−																
Yrs. Educ. for Hispanic Crgvrs.	+	+									+				+												−	−		−
Yrs. Educ. for All Crgvrs.	+		−[H]	−[H]			−				+				+[H]						−				−[H]					

[a] Relationships noted are $p < .05$

[b] The sets of caregiver variables are mutually exclusive within sets, but codes can overlap across sets. Variables with asterisks were analyzed separately for one toddler, one preschooler, all children; other variables are analyzed only for all children.

[H] Ethnicity variable for "Hispanic Caregiver" would also have been significant in the regression.

less control, household work, directing, and exploratory fine motor activities. Even the two significant effects among Black caregivers were consistent with the above findings--education was associated with less directing and less work with preschoolers.

Consistent results in the regressions stratified by ethnicity permit the conclusion that caregivers with more education are less likely to engage in household chores and less likely to direct children. Among Hispanic caregivers (or, in a sample with a more extensive range of education, particularly at the lower end of the scale), education also is associated with more cognitive activities and encouragement of prosocial behavior. Unfortunately, it is difficult to interpret whether this represents an interaction of education and ethnicity or an artifact, as education of caregiver was confounded with multiple and different independent measures in the three ethnic groups.

Child Behavior

The analyses of the child variables did not provide much support for any conclusions about caregiver education and ethnicity, as there were very few effects. The effects that were found were consistent with the caregiver findings. For toddlers, education of caregiver was associated with less control. For preschool children, education was associated with more structured fine motor activity.

Training

Caregiver Behavior

The effects for caregiver training were examined in three ways, to try to assess the effect of training unconfounded with regulatory status of the home. First, the training variable was carried along in the regressions, while regulatory status of the homes, with which training was confounded, was a principal variable. Second, the training variable was entered as a principal variable along with regulatory status. Third, training was tested in subsamples of the data stratified by regulatory status.

When training and sponsorship were entered in the same regression model, training had little effect. This was predictable, as training and sponsorship were highly correlated. Both training and sponsorship had a similar pattern of simple correlations with caregiver behavior. Training was associated with more teaching, language/information activity, structured fine motor activity, music, dramatic play and comforting; training was associated with less recreation alone. This pattern of effects suggests more structured teaching with trained caregivers and is very similar to the pattern associated with sponsored homes.

To try to disentangle the effects of training and sponsorship, effects for training were examined separately for groups of caregivers stratified by regulatory status--in sponsored homes, regulated homes and unregulated homes. The question asked was whether trained caregivers behaved differently from untrained caregivers, when regulatory status was controlled. In sponsored homes, nearly 80 percent of the caregivers had some training, versus 30 percent in regulated homes and 20 percent in unregulated homes. The effects for training were somewhat less in each of the subsamples than they were in the overall sample. This suggests that at least some of the relationships between training and behavior in the total sample of caregivers were caused by the confounding of training and sponsorship. However, despite the reduction in the number of significant associations when the sample was stratified by regulatory status, there were consistent results across subsamples that indicated positive effects for training (see Table 11.16). The trained caregivers in regulated and sponsored homes looked similar. In these subsamples, training was associated with more teaching, helping, and dramatic play and with less activity that did not involve interaction with children. There were further effects in the sample of sponsored homes that indicated more structured teaching by trained caregivers--more language/information and structured fine motor activities. In both regulated and unregulated homes, training was associated with more comforting and less nonchild activity.

Table 11.16

Caregiver Behaviors Associated with Training

	Sponsored	Regulated	Unregulated
Positive Relation	Language/Inform Structured Fine Motor Music Dramatic Play Teach Help	Dramatic Play Teach Help Comfort	Comfort Positive Affect
Negative Relation	Recreation Alone	Supervise	Supervise Recreation Alone

Child Behavior

There were a few significant relationships between caregiver training and children's behavior. All of the significant relationships were consistent with the findings for caregivers. Toddlers in homes with trained caregivers more often engaged in structured fine motor activity, conversed less often with other children, and had to be controlled less often by the caregiver. For preschoolers, caregiver training was associated only with more music/dramatic activities.

11.5.4 Effects for Related Children in the Home

One set of principal factors that was examined in the regression analyses distinguished homes that provided care for the caregiver's own child or a related child. The earlier chapters discussed how homes with the caregiver's own child and those with a relative's child were each characterized by a special configuration of variables. Care of one's own child tended to occur in the homes of young, well-educated, White caregivers in unregulated homes. Relative care also tended to be provided by unregulated caregivers, but by older, less educated, non-White caregivers. If either type of home was shown to look different from other homes, it could be caused by a number of characteristics of the home in addition to the type of child cared for. In fact, for both types of homes, the pattern of effects seemed as much attributable to the caregiver's situation as to the presence of a related child.

Care for One's Own Child

In general, the homes where the caregiver's own child was present were characterized by more activities that were not centered on the child and by less structured activity (Table 11.17). More specifically, these homes tended to have more housekeeping and control of antisocial behavior and less teaching, conversation with toddlers, play/participation and TV. In general, there was less interaction between the caregiver and toddlers when the caregiver's own child was present. On the child variables, there were effects only for preschoolers, and these effects were consistent with the caregiver findings; presence of the caregiver's own child was associated with more time spent with other children, more exploratory fine motor behavior with other children, more music activities, and more time reading books. One interpretation of these results is that homes where the caregiver's own child is present look more "home-like"--that is, the caregiver continues her own activities and less often initiates structured activities with the children. These homes tended to be smaller, which might make this pattern more feasible than it would be in larger homes.

To try to disentangle the effects of the caregiver's own child in the home and the background characteristics of these caregivers, we examined effects for the presence of the caregiver's own child among the subsample of White unregulated caregivers. (Sixty percent of this group cared for their own children.) Even in this subsample of caregivers who shared a pattern of background characteristics, the effects of caring for their own children were significant. Caregivers who had their own child at home engaged in less teaching, conversation, and play with toddlers, and fewer language/information activities; they also engaged in more housekeeping and control of antisocial behavior.

Relative Care

Caregivers providing care to a relative's child (or children), like those with their own child at home, tended to exhibit less cognitive teaching. These caregivers

Table 11.17

Significant Regression Results for Caregiver Behavior and Care for Related Children[a]

	HOW[b]										WHAT													TO WHOM		AFFECT/CONTROL					
	Teach*	Play*	Help*	Direct*	Conversion*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structured Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Caregiver to Toddler (n=213)																														
Own child care	(-)[c]	-			-																									
Relative care		(+)	(+)	+																										
Caregiver to Preschooler (n=138)																														
Own child care																														
Relative care		-									-																			
Caregiver to Toddler, Preschooler or Group (n=158)																														
Own child care								+												-				+						+
Relative care									(+)		-	-	+														+			

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[a] Relationships noted are $p < .05$

[b] The sets of caregiver variables are mutually - exclusive within sets, but codes can overlap across sets. Variables with asterisks were analyzed separately for toddler, preschool, all children; other variables were analyzed only for all children

[c] Entries in parenthesis indicate significant simple correlation that were not significant in repressions because of correlation among site variables.

also showed less play/participation and helping, all of which suggest less interactive activity with children. At the same time, caregivers providing relative care tended to exhibit more directing and more household work (Table 11.17). Comparable effects were found on the child variables. That is, for toddlers, relative care was associated with less language/information and less educational TV. For preschool children, it was associated with less language/information, less structured fine motor activity, less attention-seeking, more antisocial behavior with other children, and more prosocial behavior.

11.5.5 Site Effects

We were concerned with site differences in caregiver and child behavior principally in terms of a possible interaction. That is, we knew that the three sites differed significantly on most of the caregiver and child behavior measures. The question was whether the effects of the other independent measures, such as enrollment, varied across the three sites. In this sense, site was considered more a covariable than a principal independent measure with potential for regulation.

The regression analyses showed that there were strong effects for site. In fact, the sites differed significantly on virtually every dependent measure. Los Angeles was most often the extreme site, in the direction of less caregiver/child interaction of all types than in Philadelphia or San Antonio. However, regression analyses done separately in each site showed no evidence of site interactions in that the pattern of effects for the independent variables was quite consistent across the three sites.

Caregiver Behavior

Differences in caregiver behavior across sites were large, but the activities associated with each site did not suggest a clearly interpretable configuration for each site (Table 11.18). The caregivers in Los Angeles did less of many kinds of activities with children: less teaching, language/information and structured fine motor activity; less prosocial activity, affection, dramatic play, household work and control. The only caregiver behavior significantly more frequent in Los Angeles was facilitation of exploratory fine motor activity, which tended to be carried out by children alone rather than with the caregiver. Philadelphia caregivers more often engaged in language/information activities, and in play with the children; there was more prosocial activity in Philadelphia homes and more TV; at the same time there was more negative affect on the part of the caregiver. Caregivers in San Antonio did significantly more directing, helping, and attending to physical needs. (This pattern of effects also characterized Hispanic caregivers.)

Child Behavior

A similar pattern of site effects was shown in the child data. Toddlers and preschoolers in Los Angeles tended to spend more time alone and monitoring the environment and less time interacting with the caregiver. For toddlers, particular activities more frequent in Los Angeles were gross motor activities, music and reading books; there was less TV, work, and control. Toddlers and preschoolers in Philadelphia were more often involved in caregiver-directed activities--more control and prosocial activity, language/information, and educational TV. Toddlers and preschoolers in San Antonio more often sought attention from the caregiver and spent more time having physical needs attended to.

Table 11.18

Significant Regression Results for Caregiver Behavior and Site[a]

	HOW[b]										WHAT												TO WHOM		AFFECT/CONTROL					
	Teach*	Play*	Help*	Direct*	Conversation*	Supervise	Converse W/Adult	Housekeeping	Recreation Alone	Out-of-Range	Language/Information*	Structured Fine Motor*	Dramatic Play	Exploratory Fine Motor	Prosocial	Affection	Comfort	Music	Gross Motor	TV	Household Work*	Attention to Physical Needs*	Interact W/Infant	Interact W/Schooler	Positive Affect	Negative Affect	Control	Strict Control	Control Danger	Control Anti-Social
Caregiver to Toddler (n=213)																														
Los Angeles	-	-									-	-									-									
Philadelphia	(-)[c]	+									(+)										(+)	(-)								
San Antonio	(+)		+	+	-																(+)	+								
Caregiver to Preschooler (n=138)																														
Los Angeles	-			(-)																	-									
Philadelphia																														
San Antonio				+																	(+)									
Caregiver to Toddler, Preschooler or group (n=158)																														
Los Angeles	-	(-)		-	(+)	+		+		+	-	-	-	+	-	-			(-)	(-)	-					(-)	-	-	-	-
Philadelphia																				+		(-)				+				
San Antonio	(+)		+	+	-	(-)				(+)				(-)		(+)			+		+	+				(-)	(+)			(+)

[a] Relationships noted are p < .05

[b] The sets of caregiver variables are mutually - exclusive within sets, but codes can overlap across sets. Variables with asterisks were analyzed separately for toddler, preschool, all children; other variables were analysed only for all children

[c] Entries in parenthesis indicate significant simple correlation that were not significant in repressions because of correlation among site variables.

Preschoolers, in addition, engaged in more exploratory fine motor behavior with the caregiver and spent more time with other children.

Because there were large site effects, we went on to assess site interactions by asking whether the independent measures affected caregiver and child behavior differently in the three sites. To test for interactions, regression analyses were done separately within each site. The regressions revealed no evidence of interactions. The effects for the independent variables on caregiver and child behavior were consistent across the sites. For instance, group size had a similar pattern of effects on caregiver behavior in all three sites, even though there were large mean differences in caregiver behavior in the three sites. Thus, although we can expect differences in the family day care environment in different sites, we would not expect the relationships between policy-relevant variables such as sponsorship or group size and behavior to be affected by site.

11.5.6 Caregiver Opinions and Caregiver Behavior

In addition to the set of independent variables discussed in the preceeding sections, some measures of caregivers' opinions about children and about their jobs were examined for evidence of relationships with caregiver behavior. These measures were developed from a caregiver attitude questionnaire administered in San Antonio and Philadelphia, and simple correlations were used to test the relationships between caregiver attitudes toward children and caregiver behavior in the home. (See Chapter Five for a fuller description of the questionnaire.)

Four factors were computed from the 27-item attitude questionnaire by means of a factor analysis. The strongest factor that appeared was designated as "authoritarian role" because caregivers who scored higher on this factor tended to agree with statements such as, "The most important thing that children have to learn is to obey adults." This was the only factor that related consistently to caregiver behavior, as seen in simple correlations. Caregivers who scored higher on the authoritarian factor tended to do more structured activities with the children in their care--such as teaching, language/information and music.

The lesser factors had little systematic relationship to behavior, which was not unexpected. For instance, a second factor dealt with the amount of supervision caregivers felt children needed. The caregivers who felt that children should be left alone more, however, were not less involved with children when observed.

The caregiver attitudes were related to some of the independent variables in ways that supported other findings. First, there were differences in attitude between White and non-White caregivers. In general, White caregivers were more likely to feel that adults should play an authoritarian role. Second, there was a tendency for unregulated caregivers to stress the importance of the social environment and for regulated and sponsored providers to stress the educational environment. This pattern echoes previous findings that regulated care, especially sponsored care, provides a more formal day care setting than unregulated family day care.

11.6 Conclusions

The observation system developed for the NDCHS proved to be very sensitive to the home process. It permitted the codification of noteworthy child and caregiver behaviors and permitted us to discern the effects on these behaviors of variables of policy significance such as the caregiver's training, enrollment, age mix and regulatory status.

In general, the observations showed family day care homes to be positive environments for children. It was observed that caregivers spent a considerable portion of their time in direct interaction with children, and the time spent with children seems to be appropriate to the needs associated with the ages of the children in care. Caregivers rarely expressed any negative affect toward the children. The caregivers' homes were generally safe, home-like environments which were less structured and homogenous with respect to children's ages than day care centers.

Furthermore, some of the most interesting implications of the study findings are based on comparisons among different types of family day care homes and among caregivers with differing degrees of preparation for child care. Specific examples of important differences found in making such comparisons include the following:

- On the whole, the types of activities in unregulated and regulated homes were similar to one another, but sponsored homes showed a different pattern. They placed more emphasis on cognitive and expressive activities and were more suggestive of a preschool environment. The differences in caregiver behaviors from one type of home to another were generally small except for teaching behaviors. Teaching occurred almost 50 percent more often in sponsored homes, where it accounts for 17 percent of the caregiver's time, compared to 12.1 percent and 12.8 percent in unregulated and regulated homes, respectively.

- Caregiver training was also found to influence the pattern of activities in the family day care home. Homes in which the caregiver had some training related to child care tended to display more teaching, language/information activity, music and dramatic play, and comforting behavior on the part of the caregiver. This pattern of behaviors suggested more structured teaching on the part of trained caregivers. The patterns associated with training are very similar to those associated with sponsored homes referred to above. This remained true even after training and regulatory status were unconfounded.

- Caregiver and child behaviors also tended to vary across homes with different enrollment sizes and age mixes. As the number of children in the home increased, interactions of virtually all types between the caregiver and individual children decreased (with the exception of control activities). At the same time, caregivers' interactions with two or more children increased. Our child-focused data complemented the pattern of caregiver behavior which was observed: in homes with more children present, children spent less time interacting with the caregiver but more time interacting with other children.

- The presence of the caregiver's own children or a relative in care appears to affect the caregiver's behavior towards the children in care. In general, the homes where the caregiver's own child was present could be characterized as more informal, with more activities that were not centered on the children and activities that were less structured. This also tended to be true for caregivers who cared for a nonresident relative.

These observation data should not be considered as the basis for evaluating the quality of care in different types of family day care homes, because the long-term effects of different activity emphases on children is not well established. However, they can be useful both in establishing guidelines for parents seeking specific caregiver activity patterns and in informing policymakers of the probable effects of some family day care regulations on home processes.

APPENDIX A

Literature Review: Family Day Care

The expansion of federal involvement in day care between 1962 and 1976 reflected increased public support for such programs. Several concurrent developments were responsible for changing public attitudes. First, as discussed above, the proportion of women in the labor force rose rapidly, creating an unprecedented demand for child care. Second, day care was seen as instrumental in reducing welfare rolls, by offering adequate child care for welfare mothers who were willing to take jobs and become self-supporting. Finally, an increasing concern on the part of educators about the importance of early education led to pressure for "compensatory" programs for the children of poor parents.

This last development resulted in programs such as Head Start, which has attempted to provide compensatory education to remedy the damaging effects of poverty. It also helps to explain why federal child care policy has favored center child care over family day care: as day care has increasingly acquired an educational and developmental emphasis, family day care has been labelled "custodial" by some child care advocates. Few, if any, of the assumptions of either its supporters or its critics, however, have been empirically tested. Is it cost-effective? Does it adequately promote cognitive development? Can it be effectively regulated? Because licensed and unlicensed family day care homes together provide care for many more children than day care centers, and because it seems unlikely that group care in centers will ever be expanded to the point where it can meet fully parents' day care demand, we need to know the answers to these and associated questions.

The research on family day care is scattered. National studies have either examined the overall day care context, including family day care as one of the available forms of child care or--more often--have focused on center care. Although one can, from a host of sources, compile an overview of family day care, there has been no previous systematic attempt to examine family day care on a national level. The research that will be reported here generally falls into two categories: consumer studies and day care facility studies. The consumer studies have described day care from the perspective of the user. Questionnaires and interviews are administered in households to day care consumers, and descriptions of family day care are thus based on parent reports. Day care facility studies use questionnaires, interviews, and observations in the family day care home or center to gather information; such findings have been generalized on the basis of the homes/centers included in the survey. For family day care, these surveys have tended to include licensed or sponsored providers as interview respondents; few unlicensed homes have been included in the sample of these surveys. Thus this research is more representative of regulated care than of family day care as a whole.

The available research on family day care will be treated here in several topic areas. We will first examine profiles of both the users of this form of care and the family day care providers themselves, and then turn to the limited information available on the services provided by family day care providers. A third area of research, the social interactions that occur in the family day care home, will also be reviewed. A few studies that have compared children's social interaction and cognitive change across several different forms of day care will be presented. The research in two other areas relevant to the overall context

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of family day care will also be examined. We will review findings on family day care systems, which represent a movement toward organizing family day care providers and provide a range of services to parents and providers. Finally, information on the regulation of family day care--whether by registration or licensing--is an issue of concern to parents, providers and policymakers alike. Knowledge about the effects of regulation on providers and the type of care offered are essential to any examination of family day care.

A.1 A Profile of Providers and Consumers

Family day care, as noted above, is the most prevalent out-of-home day care arrangement for young children. In contrast to center care, which serves predominantly preschoolers, family day care serves many toddlers and school-aged children. An early national study found that 17 percent of children under the age of three, 9 percent of those between three and five and 5 percent of those aged nine through eleven were in family day care arrangements.[1] The Westat-Westinghouse Survey reported that of children in family day care, 40 percent were under 3 years of age, 46 percent were 3 to 5 years, and 14 percent were 6 or over.[2] Several statewide surveys establish similar findings. In a survey of family day care in Washington, for example, in the 130 family day care homes sampled, 10 percent of the children in care were infants, 22 percent were toddlers, 34 percent of the children were of preschool age, and 34 percent were of school age.[3] A profile of day care in Oregon reported very similar findings: 12 percent of the children were under 18 months of age, 27 percent were 19 to 35 months, 34 percent 3 to 6 years, and 27 percent 6 years or older.[4]

Contrary to the popularly held notion that family day care homes are very large and operate like little day care centers, most research has found that the average size of family day care homes is 4.4 children.[5] Nearly half of the providers surveyed cared for three or fewer children, 37 percent cared for 4 to 6 children, and only 15 percent cared for seven or more children. Similarly, the Westat-Westinghouse survey reported that three-quarters of the homes surveyed cared for only one or two children on a full-time basis.[6]

As it is clear that family day care is a commonly used form of day care, serving a large percentage of the day care population, it is important to examine the women who provide this type of care. Caregivers choose to enter family day care for a variety of reasons: because they need the income (47%), they like to work with children (36%), they need care for their own children (22%) or want companions for their own children (15%), or as a favor for a friend or relative (14%).[7] Caregivers and the children they care for tend to be of the same ethnicity.[8] Most caregivers (71%) have completed a minimum of a high school education, and very few family day care providers have received formal training in early childhood education and development.[9] Their ages span a wide range: slightly more than half (58%) of caregivers are under 40, and a few are over 60.

A.2 Services in Family Day Care

The type of care and services offered by these family day care providers varies considerably. Keyserling found that providers are less likely than day care centers to accommodate their hours to the long working day of parents.[10] In contrast, however, other studies have found that most providers offer full-time care and roughly 20

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percent provide evening care, over-night care, or weekend care in addition.[11]

The advantages of family day care have traditionally been considered to be its homelike environment and "an emerging form of social relationship which substitutes for the extended family as a resource for supplementary child care."[12] Thus, in contrast to center care, family day care is considered as a home, and the benefits derived from this type of care are viewed in terms of the relationship between caregiver and child, and among the children in the home.

A.3 The Child in Family Day Care

Having described the caregivers and the general characteristics of the caregiving situation, we turn next to the effects of family day care on the social, emotional and cognitive development of the child. There is, however, little research that examines the long-term effect of family day care on development. The studies that have been undertaken focus primarily on the differences between types of care situations and generalize about the differential effects of caregiving situations based on assumptions from developmental theory.

Thus, in an examination of family day care, one should assess whether the home provides opportunities for social interaction. The studies that have been done compare family day care with other forms of child care, such as group day care and home rearing. The little research that has been done provides limited support for the social-emotional focus of homes, noting that the level of interaction between children and caregivers is higher in homes than in centers. In comparisons of family day care and day care centers, Prescott and Jones found that family day care homes provide more opportunities for the expression and control of emotions. In contrast, group care promoted independence but was a less nurturant environment with less individual adult attention.[13] Another study provided a similar finding for infants. Based on the observational component of the study, the authors found that "children in family day care received more individual attention from caregivers than group day care children."[14] A third study, conducted in Sweden, also found that the level of interaction between adults and children was higher in family day care than in center care: "Interactions between adult and child were occuring with considerably greater frequency and duration in the home and day home than in the centers, thus providing greater opportunity for socialization by significant adults. The interactions which distinguished homes from the centers were cognitive verbal (reading, labeling, face-to-face verbalizing) and exploratory in nature."[15]

Cognitive stimulation, an area of extensive research in day care centers, has received little attention in family day care. Only one study has systematically examined the effect of the caregiving situation on cognitive development. This study compared infants in three types of care--family day care, group day care and home rearing. Using a series of cognitive tests administered at six-month intervals, this study found that children in center care outperformed children in family day care settings.[16] However, as noted in an article by Belsky and Steinberg, these results should be interpreted with caution, as the mean difference between test scores in these two types of care, although statistically significant, was only seven points.[17]

A.4 Family Day Care Systems

The available information on family day care systems concerns the development and functions of systems rather than their effects on the family day care provider or the children in care. Organized support systems are relatively recent in the history of family day care. The Day Care Neighborhood Service, developed in Portland by Emlen and his colleagues, was one of the first attempts to organize family day care homes. Although not a formal family day care system, this organization of "day care neighbors" helped potential users and givers of care to find each other and make mutually satisfactory arrangements. Since then a host of systems have developed, ranging in services from referral and child subsidy to full-scale training and social service support networks. Detailed descriptions of these systems are available, both on the development of programs and the services provided. As yet, however, there is no information that documents the effect of these systems on providers, parents or children. There is also no information concerning the difference in care provided by homes in these systems and that provided by regulated and unregulated caregivers. Finally, because most of the descriptive information on caregivers, discussed above, predates the development of these systems, these profiles cannot be assumed to represent sponsored providers accurately.

A.5 The Regulation of Family Day Care

The research on the regulation of family day care, an issue of great concern to policymakers, is sparse. Knowledge of differences between regulated and unregulated homes is essential for policy formulation. In addition, as two forms of regulation, licensing and registration, are in use in states across the country, issues arising out of the differences between these regulatory systems are of interest. The information on regulation, however, is confined to limited data on the number of regulated and unregulated homes, and some documentation of differences between licensing and registration systems.

In 39 states and the District of Columbia, day care homes are required to be regulated. In nine states, the licensing of day care homes is not mandatory and in two states, providers who care for fewer than four or five children are exempted from regulation. Overall, as noted earlier, about 81,000 family day care homes are regulated.

Estimates of the proportion of family day care that is unregulated range as high as 90 percent. Because many states do not provide sufficient resources to make enforcement of standards meaningful, it is fairly easy to care for children outside of the regulatory system. Other reasons for the number of unlicensed homes include complicated and burdensome procedures to become regulated, the lack of penalty for noncompliance, and the lack of large-scale efforts to find unregulated homes.

There is no research that examines differences between regulated and unregulated providers or that systematically examines differences between regulated providers under licensing and registration systems. Some preliminary work has been done examining differences in compliance under registration and licensing systems. In Michigan, a state under registration, a greater percentage of registered homes than licensed homes have been found in violation of administrative rules.[18] However, these results are based on a new program and should be interpreted with caution.

In sum, the need for baseline information on regulated and unregulated care remains critical for making informed decisions about family day care, for both parents and policymakers.

Appendix A: Literature Review: Family Day Care

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APPENDIX B

Regression Results for Child Behavior Codes and Adult Behavior Codes

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Regression Results for Preschoolers' Behavior

(n = 137)

INDEPENDENT MEASURES	Prosocial			Affection			Distress			Seeks Attention			Dramatic Play			Reads Book		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			0.01	-0.0001	2.5	-0.15			-0.10			-0.05			-0.01	-0.001	2.6	-0.12
Infants (0/1)			0.10			-0.01			-0.05			-0.04			0.05			0.01
Toddlers (0/1)	-0.006	2.0	-0.09	0.001	2.7	0.02	-0.002	3.8	-0.17			-0.11	-0.011	2.5	-0.10			-0.03
Preschoolers (0/1)	-0.013	5.6	-0.19			0.04			0.09			0.07	0.014	2.5	-0.17			0.07
Years of Education			0.08	-0.0003	6.6	-0.20			-0.11			-0.08			0.10			0.05
Los Angeles (0/1)			0.10			-0.12			0.10			0.26			-0.16			0.04
Philadelphia (0/1)			-0.03			0.05			-0.04			-0.04	0.024	11.0	0.29			-0.04
San Antonio (0/1)			-0.07			0.07			-0.06	0.005	11.9	0.29			-0.10			0.01
Sponsored (0/1)			-0.06			-0.11			-0.06			0.03			-0.09			0.03
Regulated (0/1)			0.01			-0.05			-0.06			0.04	0.012	3.5	0.11			-0.07
Unregulated (0/1)			0.05	0.001	3.8	0.16			0.12			-0.07			-0.02			0.04
Own Child Care (0/1)			0.10			0.05			0.05			0.03			-0.04	0.008	4.3	0.16
Relative Care (0/1)	0.022	8.4	0.16			0.05			0.02	-0.003	3.3	-0.16			0.07			-0.12
Grandchild Care (0/1)	0.020	4.9	0.01			0.12			0.05			-0.06			-0.02			-0.08
TOTAL R^2		0.11			0.10			0.03			0.10			0.13			0.04	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)																Hispanic		-0.16
TRAINING (0/1)																		
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)																		

Regression Results for Preschoolers' Behavior
(n=137)

INDEPENDENT MEASURES	Exploratory Fine Motor Alone			Exploratory Fine Motor With Other Child			Exploratory Fine Motor with Caregiver			Household Work			Music/Dance			Gross Motor			TV Alone		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	0.005	2.4	0.08	0.001	2.1	0.18	-0.001	4.1	-0.25			-0.10	-0.001	5.[illegible]	-0.17			0.09			-0.16
Infants (0/1)			0.05			0.05			-0.06			0.01			-0.00	-0.025	4.1	-0.15			-0.02
Toddlers (0/1)			0.03	0.007	3.8	0.20			-0.20			-0.10			-0.06	0.012	0.8	0.13	-0.027	3.0	-0.19
Preschoolers (0/1)			0.02			-0.06	0.003	0.9	0.16			0.00			-0.00			0.10	-0.045	5.5	-0.17
Years of Education			-0.08			0.09	-0.001	2.2	-0.22			-0.06	0.0002	0.4	0.10	0.003	1.8	0.14	-0.007	8.1	-0.24
Los Angeles (0/1)	-0.028	1.9	-0.16			-0.02			-0.13			-0.03			0.15			0.10	-0.002	6.0	0.20
Philadelphia (0/1)			0.00	-0.008	5.4	-0.16			-0.14			-0.07			0.03	0.027	3.6	-0.14			-0.03
San Antonio (0/1)			0.15			0.16	0.007	6.7	0.25			0.03	-0.002	2.0	-0.17			0.02			-0.17
Sponsored (0/1)			-0.17			-0.06			0.08			-0.10			0.09			0.00			-0.00
Regulated (0/1)			-0.13			0.04	-0.006	4.6	-0.20			0.06			-0.16	0.029	5.5	0.20			-0.03
Unregulated (0/1)	0.082	14.6	0.31			0.02			0.14			0.04			0.09			-0.21			0.04
Own Child Care (0/1)			0.10	0.007	4.4	0.17			-0.06			0.00	0.003	3.8	0.18			0.01			-0.01
Relative Care (0/1)			0.06	-0.006	2.5	-0.12			-0.04			0.11			-0.09			-0.08			0.09
Grandchild Care (0/1)			0.14			-0.12			0.03	0.011	4.9	0.19			-0.13			-0.06			0.01
TOTAL R^2		0.13			0.13			0.18			0.04			0.09			0.11			0.[illegible]6	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																					
RACE (Anglo, Black, Hispanic)							Hispanic Black		0.15 -0.15												
TRAINING (0/1)													Training		0.20						
NUMBER OF AGE GROUPS													N Age Grps		-0.15						
SCHOOLERS (0/1)													Schoolers		-0.20						

Regression Results for Preschoolers' Behavior
(n = 137)

INDEPENDENT MEASURES	Educational TV, with Someone			Noneducational TV, with Someone			Physical Needs Alone			Physical Needs with Caregiver			Conversation with One Child			Conversation with Caregiver		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			0.12			-0.03			-0.07	-0.003	9.7	-0.21	0.0003	3.0	0.20			-0.11
Infants (0/1)			-0.07	-0.11		-0.10			-0.07			-0.07	0.003	6.9	0.22			-0.05
Toddlers (0/1)	0.016	3.3	0.14			0.01			-0.02	0.016	5.0	0.10			0.13			0.10
Preschoolers (0/1)	0.017	2.3	-0.06			0.09			-0.00	0.009	1.1	0.13			0.01			-0.00
Years of Education			0.01	-0.002		-0.14			0.00			-0.01	0.0003	2.7	0.11			-0.00
Los Angeles (0/1)			-0.15	-0.020		-0.25	-0.024	3.9	-0.16			-0.05	-0.002	4.1	-0.18			-0.20
Philadelphia (0/1)	0.033	12.1	0.25			0.07			0.03			-0.18			0.05			-0.04
San Antonio (0/1)			-0.07			0.18			0.13	0.013	4.4	0.20			0.13	0.007	5.1	0.22
Sponsored (0/1)			0.01			-0.12			-0.12			-0.00			-0.20			-0.16
Regulated (0/1)			0.04			0.10			0.03			-0.07			0.13			0.02
Unregulated (0/1)			-0.05			0.02			0.09			0.08			0.07	0.007	4.2	0.13
Own Child Care (0/1)	-0.013	2.5	-0.12			-0.09	0.017	2.1	0.11			-0.03			0.06	-0.007	3.9	-0.15
Relative Care (0/1)			-0.05			0.00			-0.03			-0.00			0.01			0.01
Grandchild Care (0/1)			0.02			0.05			0.01			0.06			-0.06			0.06
TOTAL R^2		0.12			0.10			0.04			0.12			0.12			0.09	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)	Black		0.15				Hispanic Black		0.26 -0.16	Hispanic Black		0.22 -0.23	Anglo		0.22			
TRAINING (0/1)																		
NUMBER OF AGE GROUPS													N Age Grps		0.20			
SCHOOLERS (0/1)																		

Regression Results for Preschoolers' Behavior

(n = 137)

INDEPENDENT MEASURES	Antisocial to Other Child			Controls Other Child			Controlled by Caregiver		
	B	F	r	B	F	r	B	F	r
Number of Children	0.0003	8.4	0.26			0.12	-0.001	6.4	-0.13
Infants (0/1)			0.04			0.04			-0.03
Toddlers (0/1)			0.13	0.001	2.0	0.15	0.008	4.8	0.06
Preschoolers (0/1)			-0.04			0.10			-0.04
Years of Education			0.06			0.08	-0.001	4.3	-0.10
Los Angeles (0/1)	-0.002	9.7	-0.25	-0.003	9.8	-0.24			-0.16
Philadelphia (0/1)			0.09			0.00	0.10	7.2	0.17
San Antonio (0/1)			0.16			0.24			0.01
Sponsored (0/1)			-0.10			0.02	-0.11	10.1	-0.21
Regulated (0/1)			0.10			0.10			0.01
Unregulated (0/1)			-0.01	-0.002	2.9	-0.13			0.20
Own Child Care (0/1)			0.09			-0.08			-0.01
Relative Care (0/1)	0.002	3.5	0.16			-0.07			-0.05
Grandchild Care (0/1)			0.17			-0.04			0.01
TOTAL R^2		0.15			0.10			0.15	

OTHER MEASURES
WITH SIGNIFICANT
CORRELATION:

RACE (Anglo,
Black, Hispanic)

TRAINING (0/1)

NUMBER OF AGE GROUPS

[illegible]ERS (0/1)

Regression Results for Preschoolers' Behavior

(n = 137)

INDEPENDENT MEASURES	Language/ Information Activities with Cg.			Structured Fine Mtr.			Monitors			Alone			With Other Children			With Caregiver		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			-0.05			-0.01	0.005	4.7	0.13			0.03	0.002	2.9	0.22	-0.011	13.8	-0.26
Infants (0/1)	0.021	4.2	0.14			-0.05			0.02			-0.01	0.013	2.1	0.11			0.04
Toddlers (0/1)			0.07			0.10			0.04			0.07			0.12	0.033	2.8	0.04
Preschoolers (0/1)			-0.09			0.01			-0.01			0.03			-0.04			0.00
Years of Education			0.04	0.004	2.5	0.14			0.11	0.007	2.4	0.13	0.005	9.0	0.23			0.06
Los Angeles (0/1)			-0.10			0.07	0.07	26.7	0.38			0.06			-0.11	-0.047	7.7	-0.21
Philadelphia (0/1)	0.30	5.9	0.20			0.04			-0.18			-0.04			-0.07			0.07
San Antonio (0/1)			-0.08			-0.11			-0.21			-0.02	0.28	9.6	0.17			0.15
Sponsored (0/1)	-0.022	2.3	0.11	0.051	9.3	0.25			0.11			-0.06			-0.14			0.04
Regulated (0/1)			-0.01			-0.13			0.01			-0.08			0.16			-0.10
Unregulated (0/1)			-0.09			-0.11			-0.12	0.42	2.7	0.14			-0.03			0.06
Own Child Care (0/1)			0.01			-0.02	-0.033	6.0	-0.13			0.05	0.020	4.7	0.20			-0.05
Relative Care (0/1)	0.021	2.9	-0.16	-0.42	4.8	-0.20			0.09			0.01			-0.02			-0.15
Grandchild Care (0/1)			-0.08			-0.19			0.07			0.09			-0.11			-0.02
TOTAL R^2		0.10			0.12			0.20			0.04			0.18			0.14	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)							Black		0.19				Anglo Hispanic		0.22 -0.23	Black		-0.15
TRAINING (0/1)				Training		0.25												
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)	Schoolers		-0.19													Schoolers		-0.23

Regression Results for Toddlers' Behavior

(n = 210)

INDEPENDENT MEASURES	Prosocial			Affection			Distress			Seeks Attention			Dramatic Play			Reads Book		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	0.0001	0.4	0.10	0.001	7.1	-0.17	-0.001	11.3	-0.16	-0.001	2.4	-0.19	0.002	6.3	0.14			0.05
Infants (0/1)			0.02	0.003	3.5	0.14	0.003	6.3	0.12			0.08			-0.06			0.03
Toddlers (0/1)			0.09	-0.005	6.1	-0.20			-0.06	-0.004	3.6	-0.16			0.11			0.03
Preschoolers (0/1)			-0.01	0.003	3.8	0.05	0.002	3.7	0.03	-0.003	2.7	-0.14	-0.006	3.7	-0.08			-0.07
Years of Education			-0.06			-0.09			-0.05	-0.001	3.1	-0.16			0.07			-0.02
Los Angeles (0/1)			0.09	-0.004	5.8	-0.14			0.10			-0.05			0.03	0.008	12.6	0.21
Philadelphia (0/1)	0.003	7.9	0.19			-0.06			-0.02			-0.15			0.11			-0.01
San Antonio (0/1)			-0.06			0.18	-0.002	2.2	-0.08	0.004	5.2	0.18			-0.12			-0.19
Sponsored (0/1)			0.06	0.002	2.1	0.04			0.08			-0.03			-0.05	-0.005	3.8	-0.07
Regulated (0/1)			0.07			-0.06			-0.06			0.01			0.04			0.10
Unregulated (0/1)	-0.002	3.5	-0.13			0.02			-0.02			0.02			0.01			-0.04
Own Child Care (0/1)			0.00			-0.03	0.002	3.6	0.11			0.03			0.04			0.05
Relative Care (0/1)			-0.01			0.01			0.06			-0.01			0.00			0.01
Grandchild Care (0/1)			0.03			-0.02			-0.09	0.004	2.9	-0.05			0.04			0.06
TOTAL R^2		0.06			0.12			0.09			0.11			0.04			0.06	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)								Anglo -0.14									Hispanic -0.14	
TRAINING (0/1)																		
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)																		

Regression Results for Toddlers' Behavior
(n = 210)

INDEPENDENT MEASURES	Exploratory Fine Motor Alone			Exploratory Fine Motor With Other Child			Exploratory Fine Motor with Caregiver			Household Work			Music			Gross Motor			TV Alone		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	0.005	2.6	0.09	0.001	6.8	0.14	-0.001	3.9	-0.25			-0.02			0.02			0.09			0.02
Infants (0/1)	0.026	2.4	0.12	-0.003	5.0	-0.13			-0.07	-0.004	4.9	-0.15			-0.03			0.00			-0.05
Toddlers (0/1)			-0.04			0.13			-0.05			-0.06	0.003	4.3	0.16			0.06			0.04
Preschoolers (0/1)			-0.01			0.08	-0.003	2.3	-0.13			-0.04			-0.02	0.019	2.6	0.13	-0.013	2.8	-0.12
Years of Education			-0.07			-0.01			-0.05			0.09	0.001	10.0	0.21			0.00			0.04
Los Angeles (0/1)			-0.27			0.07			-0.16	-0.004	3.1	-0.09	0.002	2.3	0.14	0.019	2.5	0.13			0.08
Philadelphia (0/1)			-0.07	-0.003	3.6	-0.11			-0.23			0.01			-0.03			-0.02			0.12
San Antonio (0/1)	0.081	25.5	0.32			0.02	0.011	31.0	0.34			0.08			0.11			-0.10	-0.019	6.6	-0.18
Sponsored (0/1)			-0.14	0.002	2.2	0.10			0.00	0.005	4.3	0.11			0.09			0.10			-0.06
Regulated (0/1)			0.14			-0.00	-0.005	5.7	-0.17			-0.06			0.07			0.08	0.014	3.2	0.08
Unregulated (0/1)			0.02			-0.09			0.18			-0.04	-0.002	3.6	-0.16	-0.025	4.2	-0.18			-0.03
Own Child Care (0/1)			0.03			0.02			-0.14			-0.01			0.02			-0.08			0.04
Relative Care (0/1)			-0.07			-0.06			0.10			-0.01			-0.09			-0.01			0.00
Grandchild Care (0/1)			-0.07			-0.08			0.06			-0.02			-0.08			-0.03			-0.01
TOTAL R^2		0.13			0.07			0.20			0.05			0.10			0.05			0.05	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																					
RACE (Anglo, Black, Hispanic)	Black 0.13									Hispanic 0.17			Anglo 0.17			Hispanic 0.19 Black -0.15					
TRAINING (0/1)																					
NUMBER OF AGE GROUPS							N Age Grps -0.18			N Age Grps -0.14											
SCHOOLERS (0/1)																					

(n = 210)

INDEPENDENT MEASURES	Educational TV, with Someone			Noneducational TV, with Someone			Physical Needs Alone			Physical Needs with Caregiver			Conversation with Other Child			Conversation with Caregiver		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			0.03	-0.002	2.8	-0.16			-0.02	-0.006	19.7	-0.32	0.002	7.8	0.19	-0.0004	2.4	-0.12
Infants (0/1)			0.08			-0.02			0.04			0.00			0.08			0.02
Toddlers (0/1)	-0.015	4.6	-0.07			-0.09	-0.048	7.5	-0.23			-0.13			0.07			0.07
Preschoolers (0/1)			-0.03			-0.00			0.02			-0.07			0.12			0.08
Years of Education			0.04			-0.03			-0.03			-0.13			-0.06			-0.02
Los Angeles (0/1)	-0.011	3.6	-0.23	-0.012	2.2	-0.24			0.01			-0.09	-0.001	2.6	-0.11			-0.00
Philadelphia (0/1)	0.024	12.1	0.28			-0.02			-0.08			-0.16			0.09			0.01
San Antonio (0/1)			-0.00	0.012	2.5	0.25			0.05	0.018	7.3	0.21			0.03			-0.01
Sponsored (0/1)			-0.10			0.12			-0.08			-0.02			-0.09			0.08
Regulated(0/1)	0.008	2.2	0.13			-0.06			-0.07			-0.10			0.10			-0.07
Unregulated (0/1)			-0.04	0.016	2.6	0.17			0.14			0.13			-0.02			0.00
Own Child Care (0/1)			0.09			0.04	0.026	3.2	0.10			-0.06			0.01	-0.002	2.1	-0.11
Relative Care (0/1)	-0.015	6.1	-0.16			0.09			0.18			0.13			-0.08			0.04
Grandchild Care (0/1)			-0.12			0.10	0.053	8.7	0.20	0.013	2.0	0.14			-0.08			0.00
TOTAL R^2		0.15			0.11			0.10			0.14			0.05			0.02	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)	Hispanic		-0.14				Black		0.14	Anglo Hispanic		-0.13 0.18						
TRAINING (0/1)													Training		-0.14			
NUMBER OF AGE GROUPS													N Age Grps		0.15			
SCHOOLERS (0/1)																		

Goodson Charts, A15 and A16

Regression Results for Toddlers' Behavior

(n = 210)

INDEPENDENT MEASURES	Antisocial with Other Child			Controls Other Child			Controlled by Caregiver		
	B	F	r	B	F	r	B	F	r
Number of Children			0.07	0.0003	22.4	0.30			-0.08
Infants (0/1)			-0.07	0.001	5.5	0.14			0.06
Toddlers (0/1)			0.04	0.001	2.8	0.11			-0.04
Preschoolers (0/1)	0.002	6.4	0.14			0.31	-0.004	1.6	-0.11
Years of Education			-0.06			0.10	-0.002	16.4	-0.26
Los Angeles (0/1)			-0.14	-0.001	5.7	-0.11			-0.26
Philadelphia (0/1)	0.002	5.1	0.11			0.12	0.019	28.1	0.26
San Antonio (0/1)			0.03			0.04	0.006	5.5	0.04
Sponsored (0/1)			-0.03			0.01			-0.11
Regulated (0/1)			0.04	-0.001	9.1	-0.06			-0.02
Unregulated (0/1)			-0.02			0.05			0.12
Own Child Care (0/1)			0.01	0.001	2.1	-0.11			-0.07
Relative Care (0/1)			0.03			-0.06			0.07
Grandchild Care (0/1)	0.002	3.3	0.11			-0.01			0.05
TOTAL R^2		0.06			0.18			0.18	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:									
RACE (Anglo, Black, Hispanic)				Anglo		0.14	Anglo Black		-0.11 0.20
TRAINING (0/1)							Training		-0.11
NUMBER OF AGE GROUPS									
SCHOOLERS (0/1)									

Regression Results for Toddlers' Behavior
(n = 210)

INDEPENDENT MEASURES	Language/ Information Activities with Cg.			Structured Fine Mtr.			Alone			Monitors			With Other Children			With Caregiver		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			0.04			0.03	0.009	6.4	0.19	0.004	3.6	0.17	0.003	19.6	0.31	-0.008	9.2	-0.28
Infants (0/1)			-0.08			-0.09	0.044	5.6	0.18	0.019	4.2	0.12			-0.06			-0.04
Toddlers (0/1)	0.009	0.8	0.16	0.042	10.2	0.23			-0.07			-0.06	0.008	1.4	0.19			-0.05
Preschoolers (0/1)	-0.016	4.6	-0.14			0.01			0.12	0.021	5.1	0.14			0.12	-0.023	2.9	-0.20
Years of Education			0.06			0.06			0.02	0.002	0.8	0.12			0.03			-0.13
Los Angeles (0/1)			-0.03			0.13	0.034	3.3	0.13	0.111	149.4	0.64			0.01	-0.043	10.4	-0.20
Philadelphia (0/1)			0.20			0.20			-0.10			-0.25			0.02			-0.04
San Antonio (0/1)			-0.13	-0.037	14.0	-0.28			-0.04			-0.42			-0.03			0.16
Sponsored (0/1)			0.04			0.16			-0.02			0.24	0.006	2.8	0.12			0.02
Regulated (0/1)			-0.06	-0.016	2.8	-0.13			0.11			-0.05			-0.01	-0.02	2.1	-0.15
Unregulated (0/1)			0.03			-0.02			-0.09			-0.17			-0.10			0.14
Own Child Care (0/1)			0.01			-0.04			0.09			0.09			-0.04			-0.07
Relative Care (0/1)			-0.16			-0.04			0.03			-0.05			-0.02			0.00
Grandchild Care (0/1)			-0.12			-0.04			-0.01			-0.07			-0.00			0.01
TOTAL R^2		0.08			0.13			0.08			0.46			0.13			0.14	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)		Hispanic	-0.13		Anglo Black	0.16 -0.18												
TRAINING (0/1)					Training	0.25												
NUMBER OF AGE GROUPS								N Age Grps	0.17								N Age Grps	-0.17
SCHOOLERS (0/1)																		

Regression Results for Caregiver Behavior with Toddlers
(n = 213)

INDEPENDENT MEASURES	Teach Toddler			Play/ Participation with Toddler			Direct Toddler			Help Toddler			Conversation with Toddler			Language/Info. Activities with Toddler			Structured Fine Mtr With Toddler			Household Work With Toddler			Attention to Physical Needs for Toddler		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	-0.009	20.4	-0.33	-0.007	18.2	-0.33	-0.002	6.9	-0.35	-0.001	6.8	-0.31	-0.002	9.2	-0.25	-0.006	14.1	-0.29	-0.003	8.4	-0.24	-0.001	8.2	-0.28	-0.004	17.9	-0.36
Infants (0/1)			-0.12			0.02	-0.003	1.4	-0.12			0.06			-0.06			-0.07			-0.12	-0.003	6.2	-0.17			0.04
Toddlers (0/1)	0.031	6.2	0.09			-0.04	0.006	2.8	0.02	-0.014	3.1	-0.16	0.002	0.4	0.05	0.022	5.8	0.10	0.011	3.8	0.12	0.003	2.4	0.10	-0.009	1.8	-0.16
Preschoolers (0/1)	-0.036	11.6	-0.31	-0.026	11.2	-0.31	-0.011	17.9	-0.29	-0.023	14.8	-0.31	-0.006	1.7	-0.21	-0.026	11.6	-0.30	-0.011	6.8	-0.23	-0.005	14.3	-0.28	-0.020	11.9	-0.33
Years of Education	0.003	2.2	0.02			-0.09	-0.001	7.2	-0.25	-0.002	5.3	-0.21	-0.001	3.1	-0.15			-0.01			-0.01	-0.0002	1.3	-0.13	-0.002	4.6	-0.21
Los Angeles (0/1)	-0.039	16.9	-0.24	-0.022	7.6	-0.26			-0.23			-0.07			0.08	-0.026	13.3	-0.22	-0.013	8.5	-0.15	-0.007	28.4	-0.31			0.07
Philadelphia (0/1)			0.14	0.020	6.1	0.19			-0.10			-0.07			0.10			0.16			0.12			0.13			-0.14
San Antonio (0/1)			0.13			0.09	0.012	23.7	0.31	0.011	3.5	0.13	-0.009	10.1	-0.16			0.08			0.06			0.20	0.012	5.2	0.18
Sponsored (0/1)			0.02			-0.06			-0.05	0.011	2.8	0.07			0.03			-0.03	0.010	4.5	0.12	0.002	2.5	0.03			0.04
Regulated (0/1)			-0.10			-0.11			-0.12			0.08			-0.07			-0.08			-0.08			-0.11			-0.12
Unregulated (0/1)			0.09			0.16			0.17			0.02			0.04			0.11			-0.03			0.09			0.09
Own Child Care (0/1)			-0.14	-0.016	4.3	-0.16			-0.11			-0.07	-0.008	6.2	-0.17			-0.10			-0.12			-0.12			-0.06
Relative Care (0/1)			0.03			0.13			0.20			0.13			0.01			-0.02			0.02			0.13			0.12
Grandchild Care (0/1)			0.03			0.13	0.009	6.7	0.24			0.09			0.06			0.01			0.04			0.14			0.12
TOTAL R^2		0.24			0.29			0.32			0.20			0.16			0.21			0.15			0.27			0.23	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																											
RACE (Anglo, Black, Hispanic)							Anglo Hispanic		-0.16 0.19	Anglo Hispanic		-0.15 0.14										Anglo		-0.13	Anglo		-0.13
TRAINING (0/1)																			Training		0.13						
NUMBER OF AGE GROUPS	N Age Grps		-0.28	N Age Grps		-0.23	N Age Grps		-0.27	N Age Grps		-0.24	N Age Grps		-0.17	N Age Grps		-0.25	N Age Grps		-0.19	N Age Grps		-0.21	N Age Grps		-0.28
SCHOOLERS (0/1)	Schoolers		-0.18													Schoolers		-0.17							Schoolers		-0.13

Regression Results for Caregiver Behavior with Preschoolers

(n = 138)

INDEPENDENT MEASURES	Teach Preschooler			Play/ Participation with Preschooler			Direct Preschooler			Help Preschooler			Conversation with Preschooler			Language/Info. Activities with Preschooler			Structured Fine Mtr With Preschooler			Household Work With Preschooler			Attention to Physical Needs for Preschooler		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	-0.007	9.2	-0.27	-0.006	14.9	-0.36	-0.002	10.0	-0.29	-0.002	9.4	-0.30	-0.002	17.0	-0.27	-0.006	10.4	-0.26	-0.003	7.1	-0.24	-0.001	3.5	-0.23	-0.002	11.3	-0.29
Infants (0/1)			0.05			-0.12	0.002	0.3	0.08			0.02			-0.07	0.013	2.2	0.05			0.00			0.06			-0.02
Toddlers (0/1)			-0.12	-0.027	10.3	-0.30			-0.16			-0.01			-0.13			-0.12			-0.16	-0.004	2.6	-0.23			-0.08
Preschoolers (0/1)			-0.04	-0.016	2.7	-0.08			0.09	-0.014	8.1	-0.17			0.02			-0.04			-0.01			0.05	-0.012	5.5	-0.15
Years of Education			-0.02			-0.08	-0.002	10.2	-0.37	-0.001	4.0	-0.21			-0.04			0.04			-0.10	-0.001	5.9	-0.27	-0.001	1.9	-0.18
Los Angeles (0/1)	-0.038	10.1	-0.21			-0.10			-0.25			-0.05			-0.01			-0.18	-0.012	3.0	-0.15	-0.005	5.9	-0.19			-0.03
Philadelphia (0/1)			0.15	0.035	16.7	0.26			-0.13			-0.06	0.010	9.7	0.20	0.040	11.6	0.20	0.011	1.9	0.16			-0.01			-0.12
San Antonio (0/1)			0.08			-0.12	0.011	12.3	0.35	0.005	1.9	0.11			-0.15	0.017	2.8	0.15			0.01			0.20	0.006	3.0	0.12
Sponsored (0/1)	0.037	8.7	0.22			0.20			0.01	0.007	3.1	0.15			0.01	0.026	7.0	0.21	0.018	6.9	0.23			0.05			0.05
Regulated (0/1)			-0.16			-0.12			-0.03			-0.15	0.006	5.0	0.06			-0.12			-0.25			-0.10			-0.09
Unregulated (0/1)			-0.06	-0.014	3.3	-0.07			0.02			0.01			-0.08			-0.09			0.03			0.05			0.05
Own Child Care (0/1)			-0.08	-0.013	2.6	-0.13			-0.15			-0.12			-0.12			-0.08			0.01			-0.03			-0.11
Relative Care (0/1)	-0.024	2.9	-0.16	-0.018	4.4	-0.17			-0.02	-0.008	3.2	-0.12			0.02	-0.020	3.7	-0.18			-0.09			-0.09			-0.01
Grandchild Care (0/1)			-0.13			-0.14			0.02			-0.07			-0.04			-0.16	-0.013	2.1	-0.13			-0.03			0.04
TOTAL R^2		0.19			0.33			0.26			0.20			0.15			0.21			0.16			0.16			0.14	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																											
RACE (Anglo, Black, Hispanic)							Anglo Hispanic		-0.20 0.18	Anglo Hispanic		-0.18 0.23													Hispanic		0.20
TRAINING (0/1)	Training		0.18							Training		0.16				Training		0.16	Training		0.17						
NUMBER OF AGE GROUPS				N Age Grps		-0.29																			N Age Grps		-0.16
SCHOOLERS (0/1)	Schoolers		-0.16													Schoolers		-0.17									

Caregiver Behavior with Individual and Groups of Children, All Ages

(n = 258)

INDEPENDENT MEASURES	Non Child Interaction			Housekeeping			Recreation			Out-of-Range			Conversation with Adult			Supervise		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children	-0.020	20.7	-0.32	-0.012	14.5	-0.23	-0.009	9.8	-0.27			0.01	0.002	2.3	0.05			-0.01
Infants (0/1)			-0.05	-0.025	2.3	-0.11			0.02			0.02			0.06			0.06
Toddlers (0/1)	-0.084	10.2	-0.30	-0.019	0.9	-0.12	-0.050	8.4	-0.25			0.04	-0.031	9.9	-0.18	0.026	3.5	-0.03
Preschoolers (0/1)	0.047	4.6	0.03			-0.01			0.00			0.02			0.08	-0.020	3.2	-0.11
Years of Education			0.02			0.01	0.004	2.6	0.04			0.06			-0.04	-0.003	2.7	-0.08
Los Angeles (0/1)	0.103	20.5	0.17	0.074	18.2	0.23			-0.07	0.017	43.6	0.38			0.04	0.038	10.1	0.22
Philadelphia (0/1)			-0.08			-0.07			0.02			-0.17			-0.05			-0.08
San Antonio (0/1)			-0.10			-0.16			0.06			-0.22			0.01			-0.14
Sponsored (0/1)			-0.16	-0.037	4.0	-0.06			-0.17			0.09			-0.05			0.13
Regulated (0/1)	0.055	4.1	0.16			-0.08			-0.14			-0.01			-0.03			0.05
Unregulated (0/1)	0.145	27.2	0.31			0.14	0.064	17.6	0.31			-0.07			0.08	-0.025	4.2	-0.18
Own Child Care (0/1)			0.11	0.049	7.9	0.19	-0.024	2.6	-0.02			-0.01			-0.04			-0.05
Relative Care (0/1)			0.06			-0.06			0.12			0.05			0.05			-0.05
Grandchild Care (0/1)			0.09			-0.04			0.14			-0.00			0.09			-0.02
TOTAL R^2		0.27			0.17			0.18			0.14			0.04			0.10	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)				Black		-0.17	Hispanic Black		-0.19 0.17									
TRAINING (0/1)	Training		-0.18				Training		-0.16									
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)													Schooler		0.12			

Caregiver Behavior with Individual and Groups of Children, All Ages

(n = 258)

INDEPENDENT MEASURES	Teach			Play/Participation			Help			Direct			Conversation			Language/Info. Activities		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			-0.00	-0.005	10.9	-0.14	0.002	1.1	0.08			-0.03			0.02			-0.02
Infants (0/1)			-0.10			-0.10	0.013	2.8	0.15			0.01			0.07			-0.06
Toddlers (0/1)	0.027	3.2	0.14			-0.00	0.018	3.7	0.12	0.009	4.6	0.05			0.06	0.015	1.5	0.11
Preschoolers (0/1)			0.02			-0.07	-0.019	5.8	-0.14			0.04			-0.04			0.01
Years of Education	0.005	5.4	0.13			-0.03	-0.003	4.8	-0.13	-0.002	9.9	-0.23			-0.01	0.003	3.3	0.13
Los Angeles (0/1)	-0.007	40.0	-0.28			-0.27			-0.05			-0.31			0.13	-0.048	16.2	-0.24
Philadelphia (0/1)			0.15	0.076	48.8	0.35			-0.09			-0.17			0.19	0.017	1.6	0.22
San Antonio (0/1)			0.15	0.025	6.9	-0.04	0.016	5.9	0.13	0.032	66.8	0.45	-0.020	26.7	-0.30			0.04
Sponsored (0/1)	0.064	18.7	0.18			0.08			0.03	0.011	6.7	0.01			0.04	0.035	9.3	0.13
Regulated (0/1)			-0.06			-0.04			0.06			-0.02			0.01			-0.04
Unregulated (0/1)			-0.11	-0.019	4.5	-0.04	-0.014	2.8	-0.10			0.00			-0.05			-0.09
Own Child Care (0/1)			0.02			-0.08	0.019	5.6	0.07	0.011	7.2	0.02	-0.006	2.1	-0.05			0.06
Relative Care (0/1)			-0.14			-0.02			0.03			0.01			-0.03	-0.025	4.5	-0.17
Grandchild Care (0/1)	-0.031	3.0	-0.14			-0.03			-0.02			0.00			-0.04			-0.14
TOTAL R^2		0.20			0.18			0.11			0.27			0.10			0.15	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)							Hispanic		0.17	Hispanic		0.20						
TRAINING (0/1)	Training		0.19													Training		0.13
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)	Schoolers		-0.14															

Caregiver Behavior with Individual and Groups of Children, All Ages

(n = 258)

INDEPENDENT MEASURES	Structured Fine Motor			Household Work			Attention to Physical Needs			Prosocial Activity			Affection			Comfort		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			-0.05			0.05			0.04	0.001	10.9	0.25			-0.02			0.05
Infants (0/1)	-0.012	4.5	-0.13			-0.06	0.014	3.9	0.13			-0.04	0.008	6.4	0.16	0.003	4.5	0.13
Toddlers (0/1)			0.05			0.04	0.021	6.0	0.09	0.006	7.1	0.22			-0.00			-0.05
Preschoolers (0/1)			0.04			0.07	-0.012	3.0	-0.12			0.10	-0.006	3.7	-0.14			-0.06
Years of Education			-0.02	-0.001	6.0	-0.15	-0.002	2.5	-0.11	0.0004	1.7	0.14			-0.09			0.01
Los Angeles (0/1)	-0.027	20.2	-0.18	-0.013	46.2	-0.37	0.014	2.2	-0.04	-0.006	7.2	-0.17	-0.009	8.9	-0.18	-0.003	3.3	-0.11
Philadelphia (0/1)			0.13			0.13			-0.16	0.004	3.3	0.24			0.03			-0.00
San Antonio (0/1)			0.06			0.25	0.031	11.3	0.18			-0.04			0.16			0.11
Sponsored (0/1)	0.033	26.4	0.26	0.005	6.3	0.02			-0.02	0.006	8.2	0.11			-0.07			0.02
Regulated (0/1)			-0.16			-0.00			0.07			0.03			0.02			-0.02
Unregulated (0/1)			-0.09			-0.02			-0.04			-0.14			0.04			0.00
Own Child Care (0/1)			0.03	0.004	4.1	0.05	0.020	6.8	0.09	0.003	2.1	0.08			-0.01			-0.02
Relative Care (0/1)			-0.09			-0.04			0.03			-0.10	0.006	2.5	0.10			0.07
Grandchild Care (0/1)	-0.015	3.7	-0.13			-0.03			0.01			-0.10			0.03			0.02
TOTAL R^2		0.16			0.18			0.11			0.18			0.08			0.03	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)	Black		-0.14				Hispanic		0.12	Hispanic		-0.14						
TRAINING (0/1)	Training		0.22													Training		0.13
NUMBER OF AGE GROUPS										N Age Grps		0.14						
SCHOOLERS (0/1)																		

Caregiver Behavior with Individual and Groups of Children, All Ages
(n = 258)

INDEPENDENT MEASURES	Dramatic Play			Exploratory Fine Motor			Music/Dance			Gross Motor			Television			Interact with Baby		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r
Number of Children			0.03			-0.10			-0.02			0.01	-0.003	10.0	-0.1[illegible]	0.002	2.1	0.10
Infants (0/1)			0.03			-0.01	-0.004	2.2	-0.10			-0.01	-0.016	7.4	-0.17	0.034	15.9	-0.30
Toddlers (0/1)			0.07			0.03			0.08	0.007	3.1	0.10			-0.04			0.01
Preschoolers (0/1)	-0.003	2.2	-0.09	-0.004	2.9	-0.11			0.06			-0.02			-0.02	-0.019	4.6	-0.13
Years of Education			0.03	-0.001	2.8	-0.09			0.04			-0.05			-0.01			0.02
Los Angeles (0/1)	-0.007	10.1	-0.19	0.006	8.6	0.18	-0.005	3.6	-0.02			-0.14			-0.19			-0.01
Philadelphia (0/1)			0.11			-0.04			0.05			-0.10	0.035	23.2	0.26			-0.11
San Antonio (0/1)			0.09			-0.13			-0.02	0.014	18.2	0.22	0.007	1.4	-0.03	0.016	3.7	0.10
Sponsored (0/1)			0.02			0.06	0.016	34.1	0.33	0.008	5.6	0.09			-0.05			-0.04
Regulated (0/1)			-0.08			-0.02			-0.11			-0.01	0.014	5.3	0.07			0.16
Unregulated (0/1)			0.06			-0.04			-0.20			-0.08			-0.02	-0.016	3.2	-0.13
Own Child Care (0/1)			-0.09			-0.02			-0.05			-0.06	-0.014	5.2	-0.13			-0.05
Relative Care (0/1)	0.004	3.0	0.12			0.03			-0.04			-0.01			-0.02			-0.06
Grandchild Care (0/1)			0.09			0.00			-0.03			-0.06			-0.00			-0.05
TOTAL R^2		0.06			0.05			0.13			0.08			0.16			0.12	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																		
RACE (Anglo, Black, Hispanic)													Anglo Hispanic		-0.16 0.25			
TRAINING (0/1)	Training		0.13				Training		0.25									
NUMBER OF AGE GROUPS																		
SCHOOLERS (0/1)							Schoolers		-0.20									

Caregiver Behavior with Individual and Groups of Children, All Ages

(n = 258)

INDEPENDENT MEASURES	Interact With Schooler			Positive Affect			Negative Affect			Control			Control Danger			Control Anti-Social			Strict Control		
	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	r	B	F	
Number of Children			0.08			0.04			0.03	0.002	11.3	0.22			0.06	0.0003	5.2	0.18	0.0002	2.5	0.
Infants (0/1)			-0.04			0.09			-0.05			0.04			-0.01			-0.02			0.
Toddlers (0/1)			-0.04			0.06	-0.001	3.2	-0.08	0.007	2.6	0.11	0.001	3.4	0.11	0.002	3.1	0.13			0.
Preschoolers (0/1)	0.009	7.2	0.16			-0.01			0.03			0.07			0.04			0.10			0.
Years of Education			-0.00	-0.002	3.9	-0.13			0.04	-0.001	3.2	-0.08			-0.03			0.01			0.
Los Angeles (0/1)	0.006	3.3	0.11			-0.07			-0.13	0.015	18.8	-0.23	-0.001	5.2	-0.12	-0.003	7.7	-0.13	-0.002	16.0	-0.
Philadelphia (0/1)			-0.10			0.05	0.004	20.1	0.30			0.09			0.09			0.06			0.
San Antonio (0/1)			-0.03			0.03			-0.13			0.15			0.04			0.05			0.
Sponsored (0/1)			0.00			0.07			-0.01	0.006	2.0	-0.01	0.001	2.1	0.05	0.002	3.4	0.05			-0.
Regulated (0/1)			-0.02			0.03			-0.09			0.04			-0.02			-0.01			0.
Unregulated (0/1)			0.02	-0.011	2.1	-0.09			0.10			-0.03			-0.03			-0.04			0.
Own Child Care (0/1)	0.008	5.7	0.15			-0.12			0.09	0.008	4.7	0.09			-0.05	0.002	5.1	0.13			0.
Relative Care (0/1)			-0.08			-0.06			0.03	0.017	7.4	0.13	0.001	3.5	0.10	0.004	5.5	0.05	0.003	7.1	0.
Grandchild Care (0/1)			-0.04			-0.04			-0.02	-0.011	2.0	0.02			0.09	-0.003	3.0	-0.05	-0.002	4.0	-0.
TOTAL R^2		0.06			0.02			0.10			0.17			0.05			0.11			0.09	
OTHER MEASURES WITH SIGNIFICANT CORRELATION:																					
RACE (Anglo, Black, Hispanic)				Anglo Hispanic		-0.15 0.13	Hispanic		-0.15												
TRAINING (0/1)																					
NUMBER OF AGE GROUPS	N Age Grps		0.12							N Age Grps		0.15									
SCHOOLERS (0/1)	Schoolers		0.15																		

APPENDIX C

R^2 for Regressions on Child Behavior Codes and Adult Behavior Codes

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Total R^2 for Caregiver and Child Behavior[a]

CAREGIVER BEHAVIOR

	Teach	Play	Direct	Help	Converse w/Child	Supervise	Recreation	Housekeeping	Out-of-Range	Conv w/Adult	Prosocial	Affection	Comfort	Lge/Info	Str. Fine Mtr	Dram Play	Exp Fine Mtr	Work	Music	Gross Mtr	TV	Phys Need	Interact w/Baby	Interact w/Schooler	Positive	Negative	Control	Control Danger	Control Antisocial	Strict Control
R^2 for Caregiver to 1 or more children (n = 258)	.20	.18	.27	.11	.10	.10	.18	.17	.15	.04	.18	.08	.03	.15	.16	.06	.05	.18	.13	.08	.16	.11	.12	.06	.01	.10	.17	.05	.11	.09
R^2 for Caregiver to Toddler (n = 213)	.24	.25	.32	.20	.16									.21	.15							.23								
R^2 for Caregiver to Preschooler (n = 138)	.19	.33	.26	.20	.15									.21	.16							.14								

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[a] Regression model included: total number of children; presence of infant, toddler, preschooler; Los Angeles, Philadelphia, San Antonio; years of caregiver education; sponsored, unregulated, unlicensed, regulated homes; own child care, relative care, grandchild care.

CHILD BEHAVIOR

	Prosocial	Affection	Distress	Seek Attention	Dram Play	Read Book	Lge/Infc w/Cg	Str Fine Mtr	Exp Fine Mtr Alone	Exp Fine Mtr w/Young Child	Exp Fine Mtr w/Cg	Work	Music	Gross Motor	TV Alone	Ed TV w/Someone	Non-ed TV	Phys Needs Alone	Phys Needs w/Cg	Conv w/Yng Child	Conv w/Cg	Antisocial w/Yng Child	Control Yng Child	Controlled by Cg	Monitor	Alone	W/Other Children	W/Caregiver
R^2 for Toddlers (n = 210)	.08	.12	.09	.11	.04	.06	.08	.13	.13	.07	.20	.05	.10	.05	.05	.15	.11	.10	.14	.05	.02	.02	.18	.18	.46	.08	.13	.14
R^2 for Preschoolers (n = 137)	.11	.10	.03	.10	.13	.04	.10	.12	.13	.13	.18	.04	.07	.11	.16	.12	.10	.04	.12	.12	.09	.15	.10	.15	.20	.04	.18	.14

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[a] Regression model included: total number of children; presence of infant, toddler, preschooler; Los Angeles, Philadelphia, San Antonio; years of caregiver education; sponsored, unregulated, unlicensed, regulated homes; own child care, relative care, grandchild care.

CHAPTER NOTES

Chapter 1: Introduction

1. Congressional Budget Office, Childcare and Preschool: Options for Federal Support (Washington, D.C.: U.S. Government Printing Office, 1978).

2. Unco, Inc., National Childcare Consumer Study: 1975, Vol. II, "Current Patterns of Childcare Use in the United States," prepared for the Dept. of Health, Education and Welfare, 1975.

3. Ibid.

Chapter 2: Study Design

1. Coelen, C., F. Glantz and D. Calore, Day Care Centers in the U.S.: A National Profile 1976-1977 (Cambridge, MA: Abt Associates Inc., 1978.)

Chapter 4: Characteristics of Children in Care

1. At the home level, however, the problem of describing the age distribution of children becomes difficult. Typical measures used to estimate the spread of a distribution, such as the standard deviation and range, are inappropriate because they equate homes with very disparate age compositions. That is, two homes with obviously different age compositions might receive the same value for an age mix variable. Using the standard deviation, for example, would equate the age composition of a heterogeneous home composed of three chilren aged 1.0, 3.0 and 5.0 with a four-child home with two clusters of children--one composed of infants of ages .5 and 1.0 and one composed of preschoolers of ages 3.5 and 4.5. Ranges also create strange equivalencies in that a two-child home with a newborn and a three-year-old would have the same age mix as a six-child home with three toddlers aged 1.5, 2.0 and 2.5 and three preschoolers aged 3.5, 4.0 and 4.5. Other standard measures of scale have similar problems. As a result, the use of a single measure based upon the spread of the ages of children in care was rejected, and an attempt was made to use the age group categories previously described.

The simplest measure which can be created using these categories--the number of children in each age group--is intimately linked with total group size and thus cannot be used as an accurate indicator of age mix across homes of varying enrollment. (This measure can be used, however, as descriptor of the age components of enrollment--see Chapter Eleven on integrated analyses.) To adjust for this noncomparability, one may use the proportion of children in each age group. Proportions taken in this context, however, have extremely unusual distributional properties because of the low enrollments in some homes and the large number of homes which have no children in one or more of the four age groups. Both these characteristics combine to produce a "spike" in the distribution of the variables at zero. This in turn makes the interpretation of averages across homes difficult, because in almost all cases the mean (or any other measure of central tendency) is not of particular interest. For example, in the "average" sponsored home in Los Angeles, 23 percent of the children were infants, 45 percent were toddlers, 17 percent were preschoolers and 17 percent were schoolers. In a five-child home, this translates approximately to one infant, two toddlers, one preschooler and one schooler. Yet, of the 62 sponsored homes in Los Angeles, not one home fits this "average" description. Thus, neither the number nor the proportion of children in each age group is particularly useful for describing age composition.

The proportion of children in each age group was used in some analyses to determine the relationship between the ages of children in care and enrollment. For these analyses, however, we examined (in serial order) only those homes with infants present, with toddlers present, and so forth, to eliminate the spike in the distribution at zero.

2. Using as the estimate for the pool of children the proportion of children in study homes in each age group separately for each site, probabilities were estimated. These calculations estimate the expected number of homes in each site for a given enrollment which will have one, two, three or four age groups. If N is the number of enrolled children, the probabilities are given as:

$$\mathrm{Pr(one\ age\ group)} = [\mathrm{Pr}(I)]^N + [\mathrm{Pr}(T)]^N + [\mathrm{Pr}(P)]^N + [\mathrm{Pr}(S)]^N$$

$$\begin{aligned}\mathrm{Pr(two\ age\ groups)} = {} & [\mathrm{Pr}(I) + [\mathrm{Pr}(T)]^N + [\mathrm{Pr}(I) + [\mathrm{Pr}(P)]^N \\ & + [\mathrm{Pr}(I) + [\mathrm{Pr}(S)]^N + [\mathrm{Pr}(T) + \mathrm{Pr}(P)]^N \\ & + [\mathrm{Pr}(T) + (\mathrm{Pr}(S)]^N + [\mathrm{Pr}(P) + \mathrm{Pr}(S)]^N \\ & - 3\ \mathrm{Pr\ (one\ age\ group/}N\ \mathrm{kids).}\end{aligned}$$

$$\begin{aligned}
\mathrm{Pr}(\text{three age groups}) = {} & [\mathrm{Pr}(I) + [\mathrm{Pr}(T) + [\mathrm{Pr}(P)]^N \\
& + [\mathrm{Pr}(I) + [\mathrm{Pr}(T) + [\mathrm{Pr}(S)]^N \\
& + [\mathrm{Pr}(I) + (\mathrm{Pr}(P) + [\mathrm{Pr}(S)]^N \\
& + [\mathrm{Pr}(T) + \mathrm{Pr}(P) + \mathrm{Pr}(S)]^N \\
& - 3\,\mathrm{Pr}\ (\text{one age group}/N\ \text{kids}) \\
& - 2\,\mathrm{Pr}(\text{two age groups}/N\ \text{kids})
\end{aligned}$$

$$\begin{aligned}
\mathrm{Pr}(\text{four age groups}) = {} & 1 - \mathrm{Pr}(\text{one age group}/N\ \text{kids}) \\
& - \mathrm{Pr}\ (\text{two age groups}/N\ \text{kids}) \\
& - \mathrm{Pr}\ (\text{three age groups}/N\ \text{kids})
\end{aligned}$$

Chapter 5: Characteristics of Family Day Care Providers

1. In San Antonio, the director of the only agency initially sought more experienced providers and found that they tended to be older. These older caregivers, however, were poorly educated; they had substantial difficulty in understanding and completing routine forms. A maximum recruiting age was subsequently set.

2. The notable exception to this pattern, however, is the extremely high median income found for Philadelphia's White sponsored caregivers. This is due, in large part, to the fact that one Philadelphia agency which recruited predominantly White providers felt that because of both the low day care fees and instability of arrangements, the caregivers they selected should have a steady source of income other than that which would be derived from providing care. As a result, the pattern observed in Philadelphia is probably peculiar to our sample and not indicative of sponsored provders in general.

3. See, for example, Emlen, A.C., B.A. Donoghue and R. Laforge, *Child Care by Kith: A Study of Family Day Care Relationships of Working Mothers and Neighborhood Caregivers*, Portland, Oregon, 1971.

4. Years of experience here has been computed as the total number of years of providing care full-time plus one-half the number of part-time years.

5. In view of the strong correlations between enrollment and qualifications, it is not surprising to find that both experience and training are positively related to the number of age groups in care.

6. Cohler, B., Weiss, J., and Grunebaum, H. "Child care attitudes and emotional disturbance among mothers of young children," *Genetic Psychology Monograms*, 1970, 82, 3-47.

Chapter 6: Regulation of Family Day Care

1. Texas Revised Civil Statutes Annotated Article 695c. Section 8(a), Subsection 1(c).

2. Rutland, Fairy D., "Enforcement of Registration" (unpublished paper).

3. To calculate the percentage of homes out of compliance with state and and FIDCR regulations, measures were used which approximated each of the requirements. Data on family day care children and caregiver's own children are available by age group. Thus, enrollment measures and noncompliance measures can only be calculated on the basis of those age groups. Specifically, noncompliance was calculated as follows.

   Los Angeles. In Los Angeles, regulations specify that caregivers may only care for two children less than two years old and five children total, including caregiver's own children younger than 16. If no children under two are cared for, the total number of children allowable increases to six. Noncompliance was calculated based on whether there were more than two children under 18 months and more than five children, including caregiver's own children, under 14 years of age total, or more than six children, including the caregivers own children, under 14 years of age, if no children under 18 months were present.

   Philadelphia. The regulations specify that providers may care for six children including the caregiver's own children under six years, with no more than four children less than 36 months of age. Noncompliance was calculated based on whether there were more than six children less than five years of age, including caregiver's own children, or more than four children less than 36 months.

   San Antonio. The regulations state that a caregiver may care for six children under 14 or 12 children under 14 including the caregiver's own children and provided the additional siblings are school-age siblings of the six children in care. Noncompliance here was measured by whether there were more than six family day care children under 14 or whether there were more than 12 children, including caregiver's own children, under 14. Sibling relationships were not taken into account.

Chapter 10: Stability and Continuity of Family Day Care Over Time

1. Analyses of changes in home operations over time were performed using repeated measures analysis of variance.

2. Analysis of variance was used to determine whether caregiver ethnicity or regulatory status was associated with these measures.

3. For a complete discussion of the application of survival analysis see: Smith, Janet and Vermillion, James, "Length of Time in Family Day Care--A Non-medical Application of Survival Analysis," paper presented at ISSUE '79, Third Annual SPSS Users and Coordinators' Conference, Alexandria, VA, October 1979.

4. See, for example, Gross, A. and Clark, V., Survival Distributions: Reliability Applications in the Biomedical Sciences (NY: John Wiley and Sons), 1975.

5. One should note that of the three age cohorts, the youngest is distinctly different from the other two throughout years in care. The second and third groups are also significantly different, although after the first 2.5 years of care, confidence intervals of the cumulative proportion surviving overlap.

6. Data on whether or not the child was related to the caregiver were obtained in the initial interview. Thus, 1075 children were included in the sample for analyses of relative care status effects; of these children, 128 were related to their caregiver and 947 were not.

Chapter 11: Observation Component

1. Peters, D.L. Day care homes: A Pennsylvania profile. University Park, PA: College of Human Development, Pennsylvania State University, 1972. (ERIC Document Reproduction Service, No. ED 097 097.)

2. Tucker, Sharon. A review of research on home day care. Washington, University mimeo, no date.

   Hall, A., and Weinger, S. The supply of day care services in Denver and Seattle. Menlo Park, California: Stanford Research Institute, Center for the Study of Welfare Policy, 1977.

3. Howes, C. and Rubenstein, J. Toddler social development in two day care settings. Paper presented at the annual meeting of the Western Psychological Association, San Francisco, California, 1978.

4. Peters, op. cit.

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Final Report of the National Day Care Home Study
Contract No. 105-77-1051

Volume II

By Abt Associates Inc.
Cambridge, MA
August 1, 1980

NATIONAL DAY CARE HOME STUDY
Research Report

APPENDIX D
(Histograms)

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National Day Care Home Study

VOLUMES IN THE FINAL REPORT SERIES ON THE NATIONAL DAY CARE HOME STUDY

- **Reports available from the Administration for Children, Youth and Families or from ERIC Document Reproduction Service, P.O. 190, Arlington, Virginia 22210.**

- **Executive Summary (Abt Associates Inc.)--Synopsis of the findings from all study components including data on family day care providers, the children in their care, and the children's parents. Presents information on the nature of day care in each of the study settings and presents both cost and program daa on family day care systems.**

- Volume I, The National Day Care Home Study Summary Report (Abt Associates Inc.)--Details the issues outlined in the Executive Summary.

- Volume II, The Research Report (Abt Associates Inc.)--Focuses on the caregiver and the children in her care and presents extensive descriptive and statistical analyses of the interview and observation data collected. It includes profiles of both the caregiver and the children in care, discusses the stability of the day care arrangements, the group composition of the family day care homes, and the costs of providing care. Concludes with a comparative analysis of the observed behaviors of caregivers and the children in their care.

- Volume III, Observation Component (SRI International)--Presents the findings from the observations conducted in day care homes in the three study sites (Los Angeles, Philadelphia, and San Antonio) and detailed descriptions of the methodologies used.

- Volume IV, Parent Study Component Data Analysis Report (Center for Systems and Program Development)--Presents the information provided by the parents of the children in the family day care homes; describes these parents, their needs and preferences for care, and their satisfaction with family day care; and focuses on child day care costs.

- Volume V, Family Day Care Systems Report (Abt Associates Inc.)--Presents an extensive descriptive and statistical analysis of the day care institutions that administer family day care systems. These systems are one of the principal mechanisms for providing subsidized day care in a family day care setting, and the cost analyses in this volume are the first attempt to estimate the cost of providing such care.

- Volume VI, The Site Case Study Report (Abt Associates Inc.)--Describes the status of family day care in each of the study sites based on interviews with knowledgeable respondents ranging from state licensing staff to day care advocates. This volume is intended to describe the context in which the study was conducted and thereby to provide the reader a fuller understanding of the study findings.

- Volume VII, The Field Operations Report (Abt Associates Inc.)--Describes the steps used to implement the study in three study sites.

NATIONAL DAY CARE HOME STUDY

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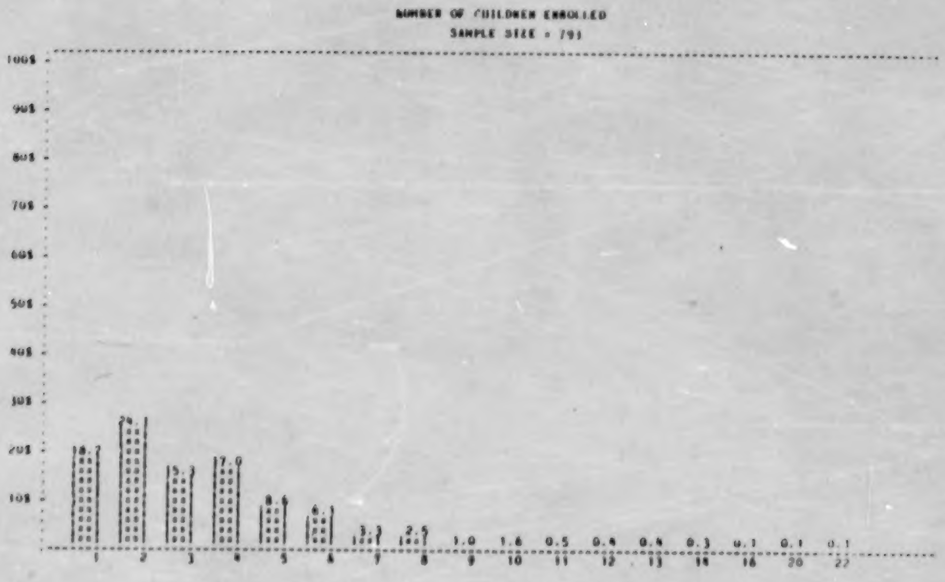

NUMBER OF CHILDREN ENROLLED
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.317 41 2.464	4.373 153 2.322	3.096 135 2.648	3.842 329 2.548
BLACK	4.576 66 2.883	3.859 92 2.347	3.267 101 3.069	3.811 259 2.820
HISPANIC	3.778 36 1.533	3.377 53 2.443	2.103 116 1.392	2.727 205 1.882
COLUMN TOTAL	4.301 143 2.490	4.037 298 2.375	2.818 352 2.500	3.544 793 2.535

NUMBER OF CHILDREN ENROLLED

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.667 18 2.657	4.169 71 2.311	2.980 49 2.136	3.942 138 2.440
BLACK	6.850 20 4.320	3.225 40 1.747	2.800 20 1.322	4.025 80 3.023
HISPANIC	3.917 24 1.613	2.864 22 1.885	2.194 36 1.600	2.878 82 1.815
COLUMN TOTAL	5.371 62 3.215	3.669 133 2.145	2.676 105 1.848	3.673 300 2.505

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.261 23 1.711	4.048 21 2.598	3.759 29 3.226	3.685 73 2.629
BLACK	3.595 37 0.798	4.205 39 2.505	4.909 33 4.440	4.211 109 2.922
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.467 60 1.228	4.150 60 2.517	4.371 62 3.931	4.000 182 2.813

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	4.721 61 2.230	2.860 57 2.715	3.822 118 2.636
BLACK	3.556 9 1.333	4.769 13 3.059	2.333 48 1.742	2.943 70 2.199
HISPANIC	3.500 12 1.382	3.742 31 2.744	2.063 80 1.296	2.626 123 1.927
COLUMN TOTAL	3.524 21 1.327	4.438 105 2.515	2.378 185 1.964	3.151 311 2.335

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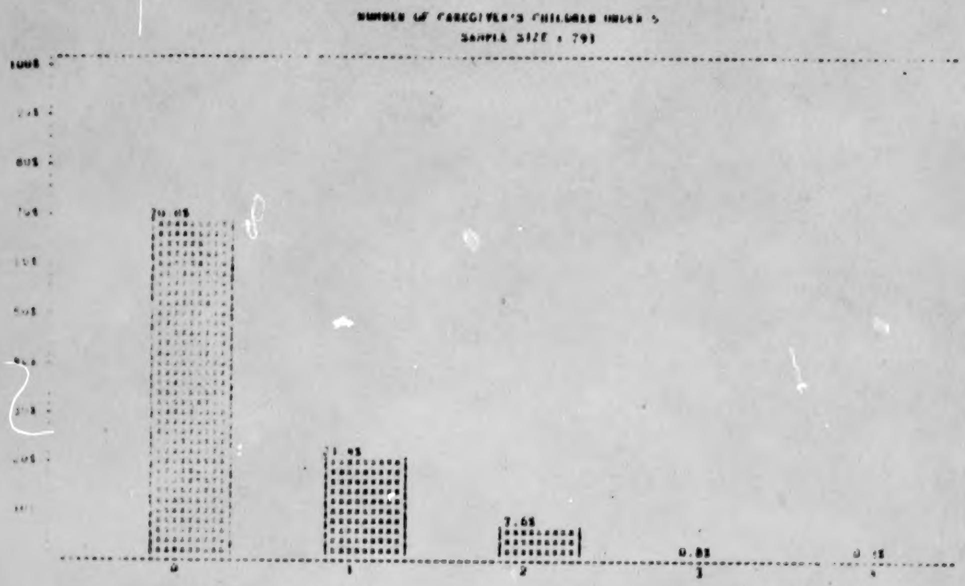

NUMBER OF CAREGIVER'S CHILDREN UNDER 5
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.366 41 0.698	0.412 153 0.703	0.874 135 0.850	0.596 329 0.799
BLACK	0.197 66 0.401	0.141 92 0.482	0.238 101 0.493	0.193 259 0.467
HISPANIC	0.194 36 0.401	0.302 53 0.540	0.405 116 0.710	0.341 205 0.627
COLUMN TOTAL	0.245 143 0.507	0.309 298 0.624	0.537 352 0.765	0.398 793 0.684

NUMBER OF CAREGIVER'S CHILDREN UNDER 5

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.444 18 0.784	0.366 71 0.638	0.939 49 0.876	0.580 138 0.791
BLACK	0.250 20 0.444	0.075 40 0.267	0.150 20 0.366	0.137 80 0.347
HISPANIC	0.167 24 0.381	0.227 22 0.528	0.528 36 0.910	0.341 82 0.707
COLUMN TOTAL	0.274 62 0.548	0.256 133 0.546	0.648 105 0.866	0.397 300 0.698

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.304 23 0.635	0.571 21 0.926	0.966 29 0.944	0.644 73 0.888
BLACK	0.189 37 0.397	0.231 39 0.667	0.333 33 0.595	0.248 109 0.564
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.233 60 0.500	0.350 60 0.777	0.629 62 0.834	0.407 182 0.735

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.410 61 0.692	0.772 57 0.780	0.585 118 0.755
BLACK	0.111 9 0.333	0.077 13 0.277	0.208 48 0.459	0.171 70 0.416
HISPANIC	0.250 12 0.452	0.355 31 0.551	0.350 80 0.597	0.341 123 0.570
COLUMN TOTAL	0.190 21 0.402	0.352 105 0.620	0.443 185 0.666	0.395 311 0.638

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NUMBER OF CAREGIVER'S CHILDREN UNDER 7
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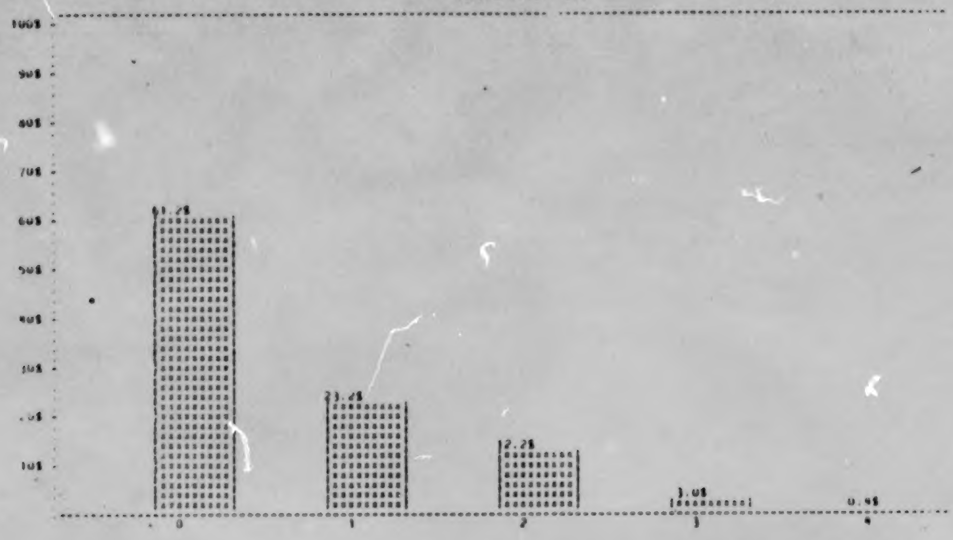

NUMBER OF CAREGIVER'S CHILDREN UNDER 7
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.463 41 0.778	0.562 153 0.826	1.148 135 0.981	0.790 329 0.935
BLACK	0.379 66 0.602	0.239 92 0.581	0.455 101 0.671	0.359 259 0.628
HISPANIC	0.306 36 0.577	0.491 53 0.750	0.621 116 0.966	0.532 205 0.860
COLUMN TOTAL	0.385 143 0.649	0.450 298 0.756	0.776 352 0.945	0.583 793 0.845

NUMBER OF CAREGIVER'S CHILDREN UNDER 7

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.500 18 0.857	0.507 71 0.754	1.265 49 1.095	0.775 138 0.967
BLACK	0.350 20 0.587	0.225 40 0.480	0.400 20 0.598	0.300 80 0.537
HISPANIC	0.333 24 0.637	0.455 22 0.858	0.750 36 1.105	0.549 82 0.932
COLUMN TOTAL	0.387 62 0.686	0.414 133 0.708	0.924 105 1.071	0.587 300 0.882

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.435 23 0.728	0.810 21 0.928	1.276 29 0.922	0.877 73 0.927
BLACK	0.459 37 0.650	0.282 39 0.686	0.545 33 0.711	0.422 109 0.684
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.450 60 0.675	0.467 60 0.812	0.887 62 0.889	0.604 182 0.819

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.541 61 0.867	0.982 57 0.896	0.754 118 0.905
BLACK	0.111 9 0.333	0.154 13 0.555	0.417 48 0.679	0.329 70 0.631
HISPANIC	0.250 12 0.452	0.516 31 0.677	0.563 80 0.898	0.520 123 0.813
COLUMN TOTAL	0.190 21 0.402	0.486 105 0.786	0.654 185 0.872	0.566 311 0.828

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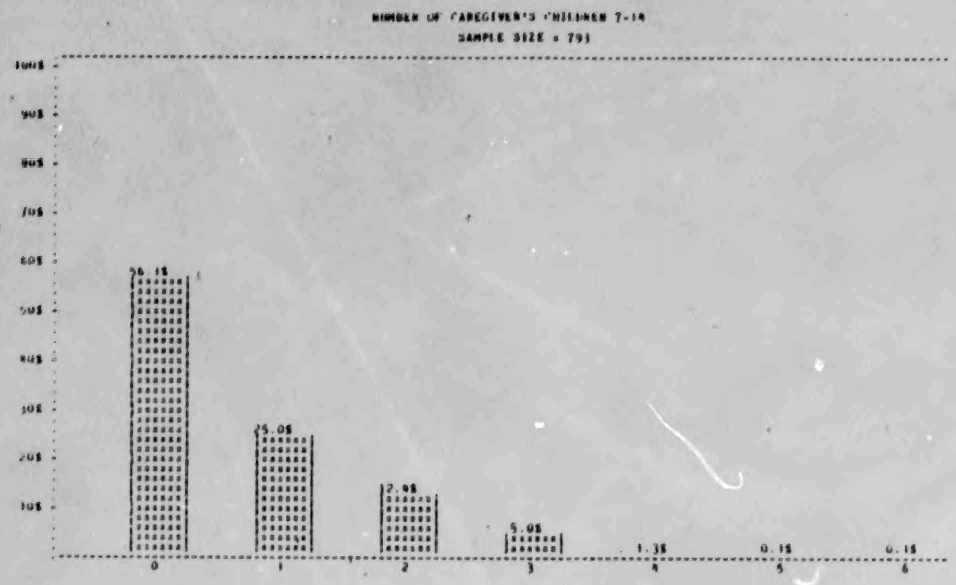

NUMBER OF CAREGIVER'S CHILDREN 7-14
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.610 41 0.737	0.706 153 0.986	0.563 135 0.852	0.635 329 0.904
BLACK	0.576 56 0.805	0.696 92 1.003	0.614 101 1.029	0.633 259 0.96[illegible]
HISPANIC	0.639 36 1.018	1.094 53 1.024	0.957 116 1.145	0.937 205 1.099
COLUMN TOTAL	0.601 143 0.840	0.772 298 1.006	0.707 352 1.020	0.712 793 0.985

NUMBER OF CAREGIVER'S CHILDREN 7-14

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.278 18 0.461	0.634 71 0.832	0.612 49 0.837	0.580 138 0.800
BLACK	0.300 20 0.470	0.625 40 0.897	0.650 20 0.933	0.550 80 0.825
HISPANIC	0.708 24 1.042	1.227 22 1.066	0.917 36 1.204	0.939 82 1.126
COLUMN TOTAL	0.452 62 0.761	0.729 133 0.914	0.724 105 0.995	0.670 300 0.919

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.870 23 0.815	1.048 21 1.117	0.690 29 1.072	0.849 73 1.009
BLACK	0.757 37 0.925	0.923 39 1.156	1.182 33 1.334	0.945 109 1.145
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.800 60 0.879	0.967 60 1.134	0.952 62 1.234	0.907 182 1.091

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.672 61 1.091	0.456 57 0.734	0.568 118 0.938
BLACK	0.444 9 0.726	0.231 13 0.599	0.208 48 0.544	0.243 70 0.576
HISPANIC	0.500 12 1.000	1.000 31 1.000	0.975 80 1.125	0.935 123 1.084
COLUMN TOTAL	0.476 21 0.873	0.714 105 1.035	0.616 185 0.943	0.640 311 0.970

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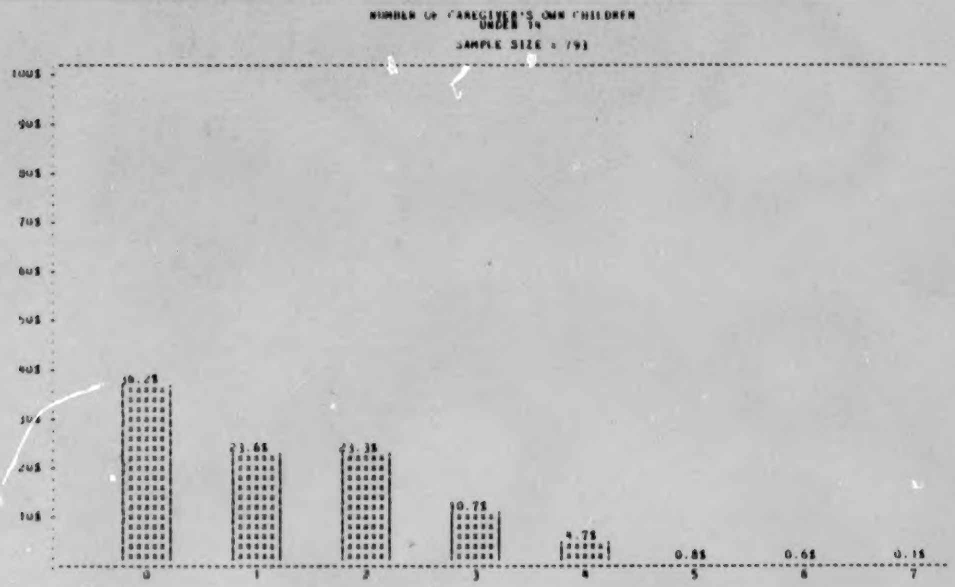

NUMBER OF CAREGIVER'S OWN CHILDREN UNDER 14

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.073 41 0.985	1.268 153 1.241	1.711 135 1.125	1.426 329 1.187
BLACK	0.955 66 1.087	0.935 92 1.274	1.069 101 1.243	0.992 259 1.214
HISPANIC	0.944 36 1.241	1.585 53 1.365	1.578 116 1.594	1.468 205 1.494
COLUMN TOTAL	0.986 143 1.094	1.221 298 1.289	1.483 352 1.352	1.295 793 1.297

NUMBER OF CAREGIVER'S OWN CHILDREN UNDER 14

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.778 18 0.943	1.141 71 1.099	1.878 49 1.130	1.355 138 1.158
BLACK	0.650 20 0.875	0.850 40 1.231	1.050 20 1.099	0.850 80 1.115
HISPANIC	1.042 24 1.233	1.682 22 1.585	1.667 36 1.740	1.488 82 1.573
COLUMN TOTAL	0.839 62 1.043	1.143 133 1.250	1.648 105 1.387	1.257 300 1.295

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.304 23 0.974	1.857 21 1.389	1.966 29 1.210	1.726 73 1.216
BLACK	1.216 37 1.205	1.205 39 1.321	1.727 33 1.420	1.367 109 1.324
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.250 60 1.114	1.433 60 1.370	1.839 62 1.321	1.511 182 1.291

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.213 61 1.305	1.439 57 1.035	1.322 118 1.183
BLACK	0.556 9 0.726	0.385 13 1.121	0.625 48 0.959	0.571 70 0.957
HISPANIC	0.750 12 1.288	1.516 31 1.208	1.537 80 1.534	1.455 123 1.444
COLUMN TOTAL	0.667 21 1.065	1.200 105 1.289	1.270 185 1.312	1.206 311 1.294

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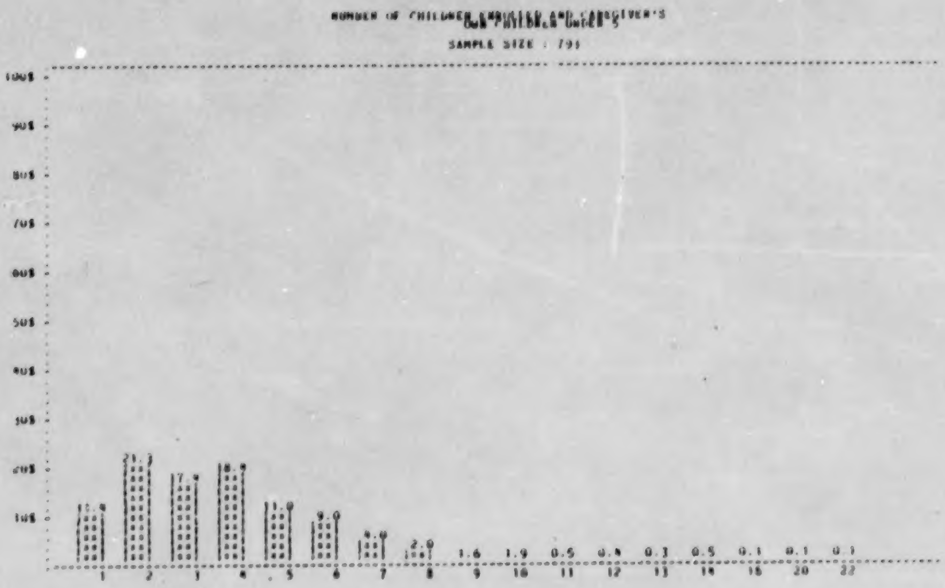

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 5

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.683 41 2.392	4.784 153 2.303	3.970 135 2.665	4.438 329 2.492
BLACK	4.773 66 2.871	4.000 92 2.372	3.505 101 3.139	4.004 259 2.851
HISPANIC	3.972 36 1.383	3.679 53 2.463	2.509 116 1.429	3.068 205 1.856
COLUMN TOTAL	4.545 143 2.443	4.346 298 2.391	3.355 352 2.565	3.942 793 2.531

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 5

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.111 18 2.246	4.535 71 2.335	3.918 49 2.178	4.522 138 2.353
BLACK	7.100 20 4.191	3.300 40 1.800	2.950 20 1.395	4.162 80 3.038
HISPANIC	4.083 24 1.472	3.091 22 1.974	2.722 36 1.579	3.220 82 1.743
COLUMN TOTAL	5.645 62 3.068	3.925 133 2.214	3.324 105 1.924	4.070 300 2.468

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.565 23 1.879	4.619 21 2.674	4.724 29 3.058	4.329 73 2.641
BLACK	3.784 37 0.886	4.436 39 2.490	5.242 33 4.437	4.459 109 2.936
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.700 60 1.344	4.500 60 2.535	5.000 62 3.833	4.407 182 2.815

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	5.131 61 2.117	3.632 57 2.801	4.407 118 2.573
BLACK	3.667 9 1.500	4.846 13 3.078	2.542 48 1.890	3.114 70 2.275
HISPANIC	3.750 12 1.215	4.097 31 2.712	2.412 80 1.357	2.967 123 1.929
COLUMN TOTAL	3.714 21 1.309	4.790 105 2.452	2.822 185 2.094	3.547 311 2.360

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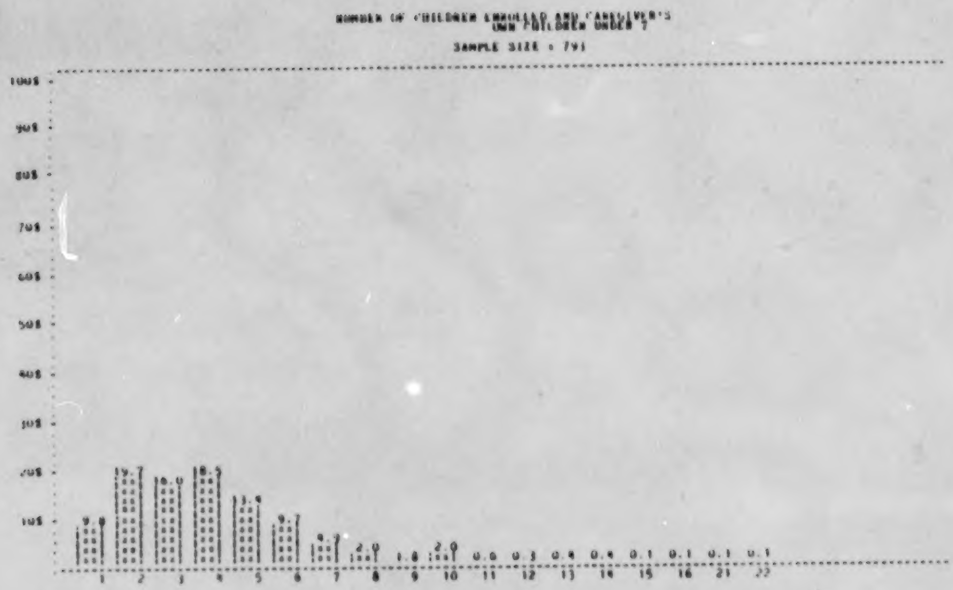

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 7

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.780 41 2.393	4.935 153 2.347	4.244 135 2.719	4.632 329 2.526
BLACK	4.955 56 2.863	4.098 92 2.358	3.723 101 3.191	4.170 259 2.865
HISPANIC	4.083 36 1.317	3.868 53 2.519	2.724 116 1.513	3.259 205 1.893
COLUMN TOTAL	4.685 143 2.433	4.487 298 2.419	3.594 352 2.625	4.126 793 2.558

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 7

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.167 18 2.229	4.676 71 2.389	4.245 49 2.222	4.717 138 2.371
BLACK	7.200 20 4.124	3.450 40 1.811	3.200 20 1.473	4.325 80 3.005
HISPANIC	4.250 24 1.359	3.318 22 2.147	2.944 36 1.603	3.427 82 1.771
COLUMN TOTAL	5.758 62 3.001	4.083 133 2.267	3.600 105 1.979	4.260 300 2.470

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.696 23 1.941	4.857 21 2.613	5.034 29 2.982	4.562 73 2.619
BLACK	4.054 37 1.129	4.487 39 2.459	5.455 33 4.480	4.633 109 2.971
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.917 60 1.488	4.617 60 2.498	5.258 62 3.828	4.604 182 2.828

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	5.262 61 2.198	3.842 57 2.920	4.576 118 2.658
BLACK	3.667 9 1.500	4.923 13 3.121	2.750 48 1.984	3.271 70 2.315
HISPANIC	3.750 12 1.215	4.258 31 2.720	2.625 80 1.470	3.146 123 1.970
COLUMN TOTAL	3.714 21 1.309	4.924 105 2.499	3.032 185 2.197	3.717 311 2.417

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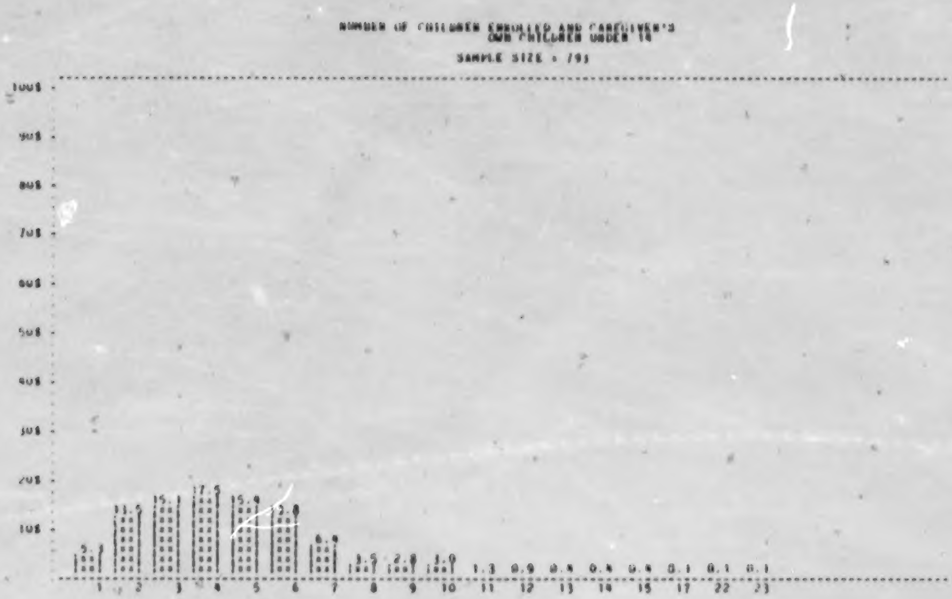

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 14

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.390 41 2.246	5.641 153 2.494	4.807 135 2.824	5.267 329 2.629
BLACK	5.530 66 2.973	4.793 92 2.496	4.337 101 3.564	4.803 259 3.093
HISPANIC	4.722 36 1.649	4.962 53 2.875	3.681 116 2.016	4.195 205 2.284
COLUMN TOTAL	5.287 143 2.500	5.258 298 2.588	4.301 352 2.867	4.839 793 2.740

NUMBER OF CHILDREN ENROLLED AND CAREGIVER'S OWN CHILDREN UNDER 14

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.444 18 2.332	5.310 71 2.376	4.857 49 2.245	5.297 138 2.360
BLACK	7.500 20 4.261	4.075 40 2.043	3.850 20 1.599	4.875 80 3.062
HISPANIC	4.958 24 1.574	4.545 22 2.464	3.861 36 2.167	4.366 82 2.129
COLUMN TOTAL	6.210 62 3.047	4.812 133 2.346	4.324 105 2.151	4.930 300 2.531

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.565 23 1.830	5.905 21 2.625	5.724 29 3.272	5.411 73 2.728
BLACK	4.811 37 1.561	5.410 39 2.479	6.636 33 4.649	5.578 109 3.151
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	4.717 60 1.658	5.583 60 2.520	6.210 62 4.058	5.511 182 2.982

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	5.934 61 2.575	4.298 57 2.952	5.144 118 2.871
BLACK	4.111 9 1.833	5.154 13 3.338	2.958 48 2.352	3.514 70 2.620
HISPANIC	4.250 12 1.765	5.258 31 3.141	3.600 80 1.953	4.081 123 2.384
COLUMN TOTAL	4.190 21 1.750	5.638 105 2.842	3.649 185 2.441	4.357 311 2.702

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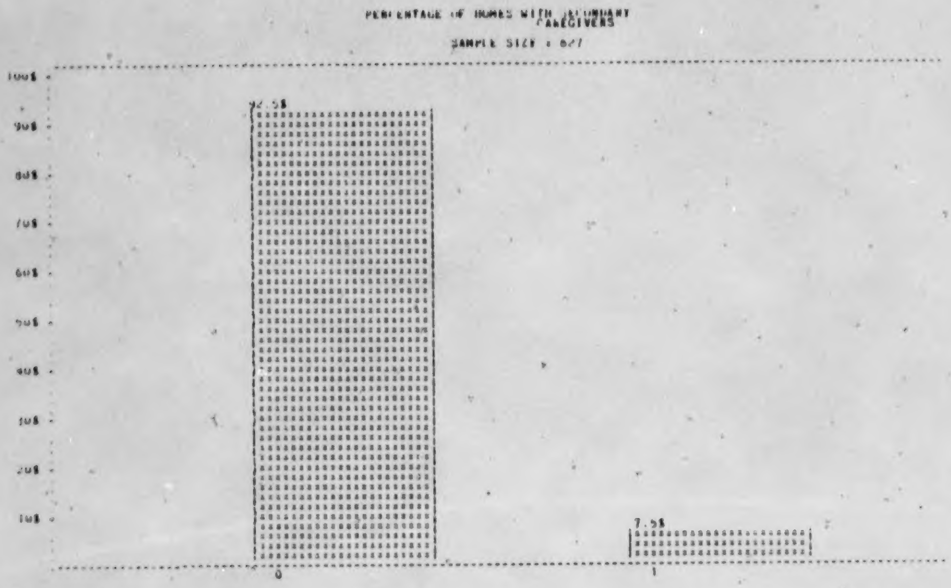

PERCENTAGE OF HOMES WITH SECONDARY CAREGIVERS

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	8.108 37 3	6.061 99 6	3.960 101 4	5.485 237 13
BLACK	9.836 61 6	19.697 66 13	7.368 95 7	11.712 222 26
HISPANIC	10.714 28 3	8.696 46 4	1.064 94 1	4.762 168 8
COLUMN TOTAL	9.524 126 12	10.900 211 23	4.138 290 12	7.496 627 47

PERCENTAGE OF HOMES WITH SECONDARY CAREGIVERS

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	21.429	5.882	13.333	13.043
	14	17	15	46
	3	1	2	6
BLACK	23.529	28.571	21.429	24.444
	17	14	14	45
	4	4	3	11
HISPANIC	18.750	20.000	0.000	12.766
	16	15	16	47
	3	3		6
COLUMN TOTAL	21.277	17.391	11.111	16.667
	47	46	45	138
	10	8	5	23

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.000	4.762	6.897	4.110
	23	21	29	73
		1	2	3
BLACK	0.000	17.949	9.091	9.259
	36	39	33	108
		7	3	10
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	0.000	13.333	8.065	7.182
	59	60	62	181
		8	5	13

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	6.557	0.000	3.390
	----	61	57	118
	----	4		4
BLACK	25.000	15.385	2.083	7.246
	8	13	48	69
	2	2	1	5
HISPANIC	0.000	3.226	1.282	1.653
	12	31	78	121
		1	1	2
COLUMN TOTAL	10.000	6.667	1.093	3.571
	20	105	183	308
	2	7	2	11

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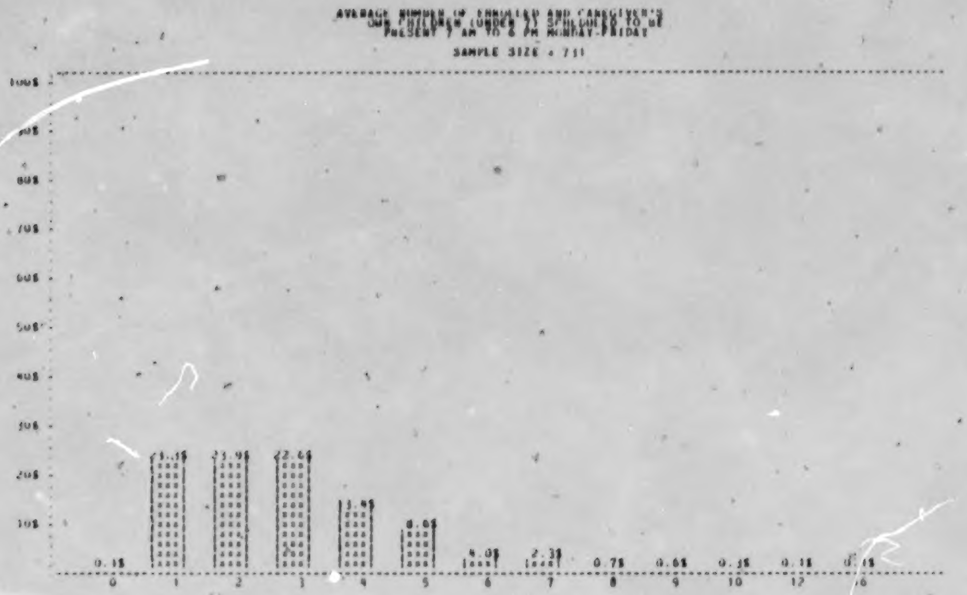

AVERAGE NUMBER OF ENROLLED AND CAREGIVER'S OWN CHILDREN (UNDER 7) SCHEDULED TO BE PRESENT 7 AM TO 6 PM MONDAY-FRIDAY

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.895 40 2.027	3.867 139 1.594	3.476 119 1.926	3.715 298 1.798
BLACK	4.025 66 1.502	3.260 88 1.814	2.887 93 2.247	3.324 247 1.963
HISPANIC	3.639 36 1.174	3.256 47 1.698	2.260 102 1.547	2.782 185 1.628
COLUMN TOTAL	3.890 142 1.595	3.567 274 1.706	2.907 314 1.979	3.346 730 1.850

AVERAGE NUMBER OF ENROLLED AND CAREGIVER'S OWN CHILDREN (UNDER 7) SCHEDULED TO BE PRESENT 7 AM TO 6 PM MONDAY-FRIDAY

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.692 18 2.115	3.483 71 1.478	3.179 49 1.458	3.533 138 1.625
BLACK	5.278 20 1.799	2.749 40 1.330	2.728 20 1.253	3.376 80 1.803
HISPANIC	3.746 24 1.258	2.961 21 1.659	2.388 36 1.282	2.939 81 1.481
COLUMN TOTAL	4.515 62 1.812	3.178 132 1.493	2.821 105 1.396	3.330 299 1.651

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.242 22 1.737	3.940 15 1.826	3.936 24 2.302	3.687 61 1.995
BLACK	3.538 37 0.887	3.512 35 1.839	3.953 27 3.360	3.642 99 2.120
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.428 59 1.266	3.640 50 1.828	3.945 51 2.882	3.659 160 2.067

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	4.362 53 1.565	3.553 46 2.130	3.986 99 1.883
BLACK	3.242 9 1.179	4.152 13 2.571	2.330 46 1.459	2.799 68 1.820
HISPANIC	3.424 12 1.000	3.495 26 1.723	2.191 66 1.680	2.659 104 1.730
COLUMN TOTAL	3.346 21 1.056	4.087 92 1.797	2.628 158 1.854	3.179 271 1.905

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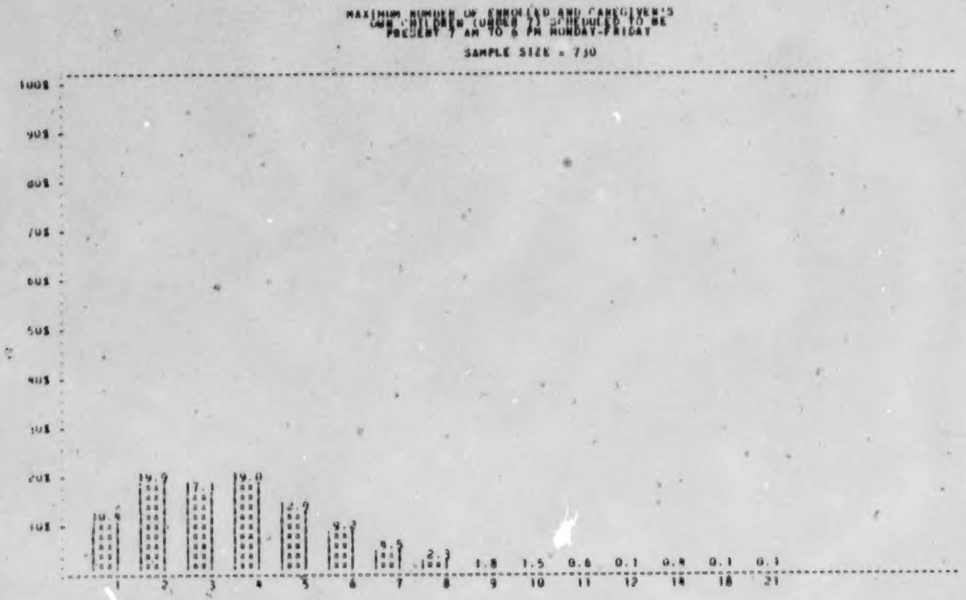

AVERAGE MAXIMUM NUMBER OF ENROLLED
AND CAREGIVER'S OWN CHILDREN (UNDER 7)
SCHEDULED 7 AM TO 6 PM MONDAY-FRIDAY

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.775 40 2.475	4.712 139 2.086	3.958 119 2.423	4.419 298 2.303
BLACK	4.864 66 2.523	3.909 88 2.137	3.462 93 3.067	3.996 247 2.669
HISPANIC	4.056 36 1.308	3.872 47 2.153	2.627 102 1.541	3.222 185 1.797
COLUMN TOTAL	4.634 142 2.274	4.310 274 2.145	3.379 314 2.461	3.973 730 2.367

AVERAGE MAXIMUM NUMBER OF ENROLLED AND CAREGIVER'S OWN CHILDREN (UNDER 7) SCHEDULED 7 AM TO 6 PM MONDAY-FRIDAY

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.222 18 2.290	4.451 71 2.062	4.020 49 2.155	4.529 138 2.219
BLACK	7.000 20 3.403	3.350 40 1.610	3.150 20 1.531	4.212 80 2.694
HISPANIC	4.250 24 1.359	3.381 21 1.987	2.833 36 1.665	3.395 81 1.758
COLUMN TOTAL	5.710 62 2.688	3.947 132 1.986	3.448 105 1.951	4.137 299 2.289

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.591 22 1.968	4.533 15 2.503	4.667 24 3.116	4.246 61 2.605
BLACK	4.054 37 1.129	4.257 35 2.305	5.111 27 4.585	4.414 99 2.843
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.881 59 1.498	4.340 50 2.344	4.902 51 3.931	4.350 160 2.748

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	5.113 53 1.968	3.522 46 2.238	4.374 99 2.234
BLACK	3.444 9 1.333	4.692 13 2.750	2.630 46 1.925	3.132 68 2.171
HISPANIC	3.667 12 1.155	4.269 26 2.237	2.515 66 1.470	3.087 104 1.823
COLUMN TOTAL	3.571 21 1.207	4.815 92 2.173	2.842 158 1.894	3.568 271 2.150

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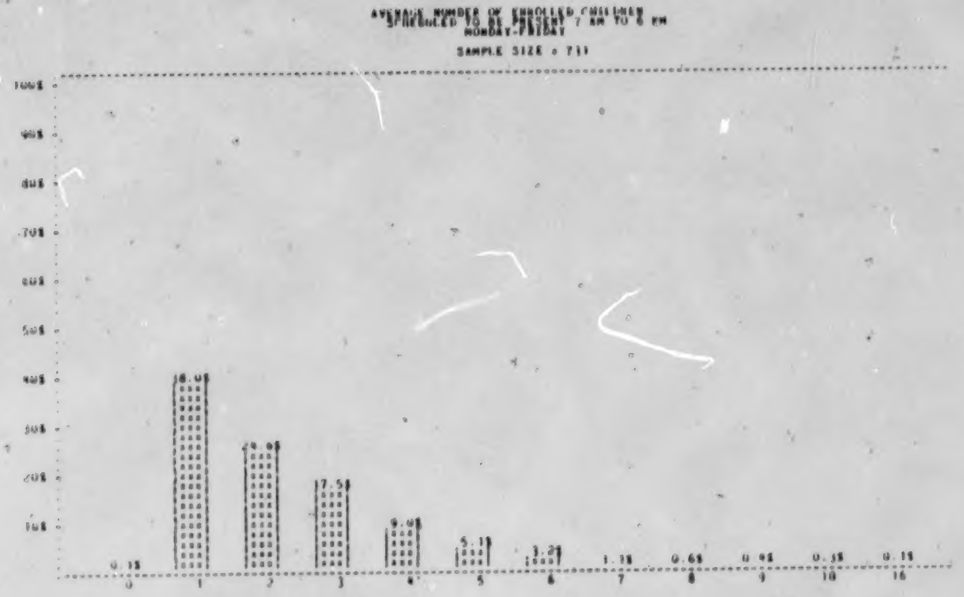

AVERAGE NUMBER OF ENROLLED CHILDREN
SCHEDULED TO BE PRESENT 7 AM TO 6 PM
MONDAY-FRIDAY

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.379 40 2.024	3.351 139 1.593	2.170 119 1.645	2.883 298 1.769
BLACK	3.753 66 1.488	3.113 88 1.795	2.504 93 2.145	3.055 247 1.922
HISPANIC	3.362 36 1.373	2.780 47 1.563	1.674 102 0.842	2.283 185 1.362
COLUMN TOTAL	3.548 142 1.630	3.177 274 1.663	2.108 314 1.647	2.789 730 1.756

AVERAGE NUMBER OF ENROLLED CHILDREN SCHEDULED TO BE PRESENT 7 AM TO 6 PM MONDAY-FRIDAY

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.212	3.063	2.036	2.848
	18	71	49	138
	2.473	1.431	1.235	1.686
BLACK	4.976	2.632	2.413	3.163
	20	40	20	80
	1.953	1.292	1.064	1.769
HISPANIC	3.469	2.528	1.794	2.481
	24	21	36	81
	1.475	1.403	1.077	1.460
COLUMN TOTAL	4.171	2.847	2.025	2.833
	62	132	105	299
	2.030	1.396	1.161	1.665

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.697	3.272	2.561	2.785
	22	15	24	61
	1.254	1.957	2.476	1.969
BLACK	3.221	3.319	3.449	3.318
	37	35	27	99
	0.706	1.847	3.370	2.095
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	3.026	3.305	3.031	3.115
	59	50	51	160
	0.972	1.860	2.988	2.058

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	3.758	2.108	2.991
	----	53	46	99
	----	1.631	1.494	1.766
BLACK	3.222	4.041	1.989	2.544
	9	13	46	68
	1.155	2.541	1.248	1.752
HISPANIC	3.149	2.984	1.608	2.130
	12	26	66	104
	1.170	1.679	0.682	1.267
COLUMN TOTAL	3.180	3.579	1.864	2.549
	21	92	158	271
	1.135	1.815	1.153	1.627

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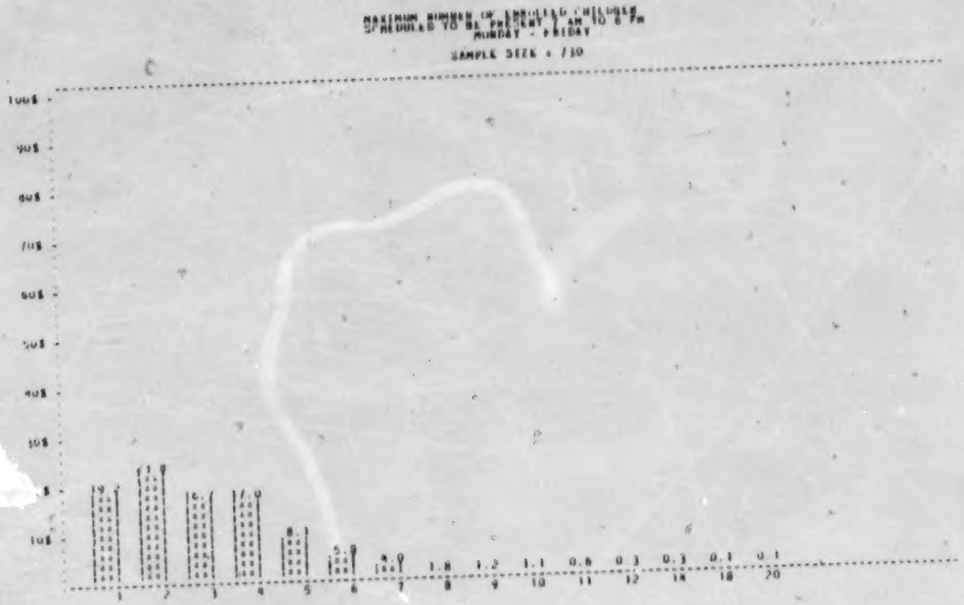

AVERAGE MAXIMUM NUMBER OF ENROLLED
CHILDREN SCHEDULED TO BE PRESENT
7 AM TO 6 PM MONDAY - FRIDAY

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.300 40 2.564	4.180 139 2.110	2.832 119 2.363	3.658 298 2.368
BLACK	4.500 66 2.537	3.705 88 2.107	3.043 93 2.900	3.668 247 2.598
HISPANIC	3.750 36 1.519	3.383 47 2.070	2.049 102 1.367	2.719 185 1.762
COLUMN TOTAL	4.254 142 2.335	3.891 274 2.118	2.640 314 2.314	3.423 730 2.348

AVERAGE MAXIMUM NUMBER OF ENROLLED CHILDREN SCHEDULED TO BE PRESENT
7 AM TO 6 PM MONDAY - FRIDAY

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.722 18 2.718	3.944 71 2.035	2.776 49 2.064	3.761 138 2.323
BLACK	6.650 20 3.617	3.175 40 1.567	2.800 20 1.322	3.950 80 2.695
HISPANIC	3.917 24 1.613	2.905 21 1.758	2.139 36 1.606	2.864 81 1.794
COLUMN TOTAL	5.323 62 2.918	3.545 132 1.900	2.562 105 1.802	3.569 299 2.337

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.136 22 1.754	3.933 15 2.520	3.500 24 3.336	3.475 61 2.631
BLACK	3.595 37 0.798	4.000 35 2.314	4.519 27 4.475	3.990 99 2.746
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.424 59 1.248	3.980 50 2.352	4.039 51 3.975	3.794 160 2.706

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	4.566 53 2.071	2.543 46 2.019	3.626 99 2.275
BLACK	3.444 9 1.333	4.538 13 2.665	2.283 46 1.721	2.868 68 2.073
HISPANIC	3.417 12 1.311	3.769 26 2.250	2.000 66 1.229	2.606 104 1.737
COLUMN TOTAL	3.429 21 1.287	4.337 92 2.215	2.241 158 1.641	3.044 271 2.074

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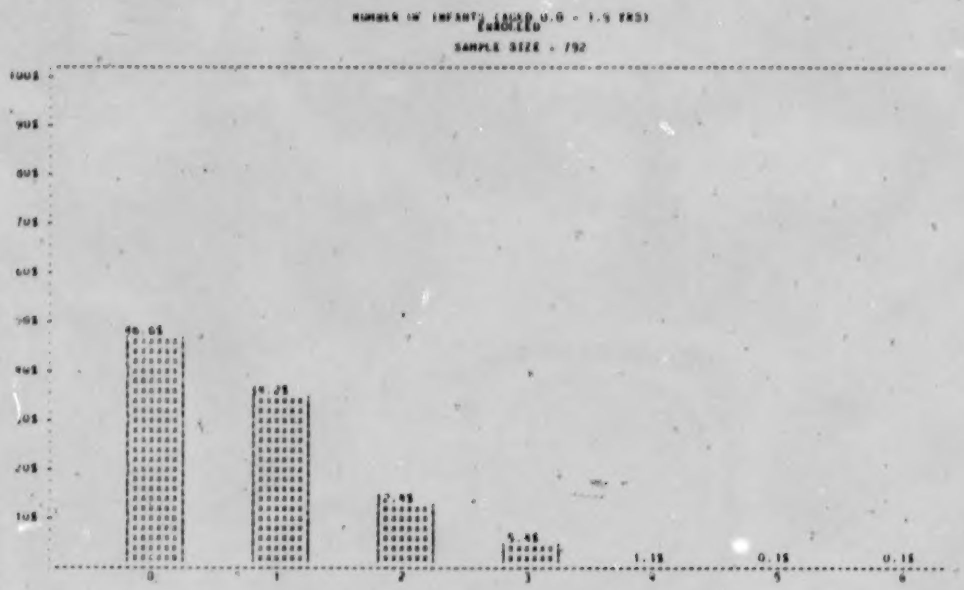

NUMBER OF INFANTS (AGED 0.0 - 1.5 YRS) ENROLLED

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.780 41 1.084	1.033 153 1.060	0.696 135 0.995	0.863 329 1.046
BLACK	0.803 66 0.808	1.033 92 1.010	0.752 101 1.004	0.865 259 0.965
HISPANIC	0.806 36 0.951	0.981 53 0.971	0.470 115 0.567	0.662 204 0.793
COLUMN TOTAL	0.797 143 0.924	1.023 298 1.026	0.638 351 0.886	0.812 792 0.963

NUMBER OF INFANTS (AGED 0.0 - 1.5 YRS) ENROLLED

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.333 18 1.328	0.761 71 0.870	0.633 49 0.906	0.790 138 0.970
BLACK	0.850 20 0.988	0.725 40 0.816	1.050 20 1.276	0.837 80 0.987
HISPANIC	0.875 24 1.076	1.000 22 1.024	0.417 36 0.554	0.707 82 0.896
COLUMN TOTAL	1.000 62 1.131	0.789 133 0.880	0.638 105 0.911	0.780 300 0.953

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.348 23 0.573	0.571 21 0.925	0.897 29 1.448	0.630 73 1.099
BLACK	0.838 37 0.764	1.231 39 1.012	0.667 33 0.990	0.927 109 0.950
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.650 60 0.732	1.000 60 1.025	0.774 62 1.220	0.808 182 1.020

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.508 61 1.135	0.649 57 0.767	1.093 118 1.062
BLACK	0.556 9 0.527	1.385 13 1.325	0.688 48 0.879	0.800 70 0.972
HISPANIC	0.667 12 0.651	0.968 31 0.948	0.494 79 0.575	0.631 122 0.718
COLUMN TOTAL	0.619 21 0.590	1.333 105 1.124	0.592 184 0.725	0.845 310 0.939

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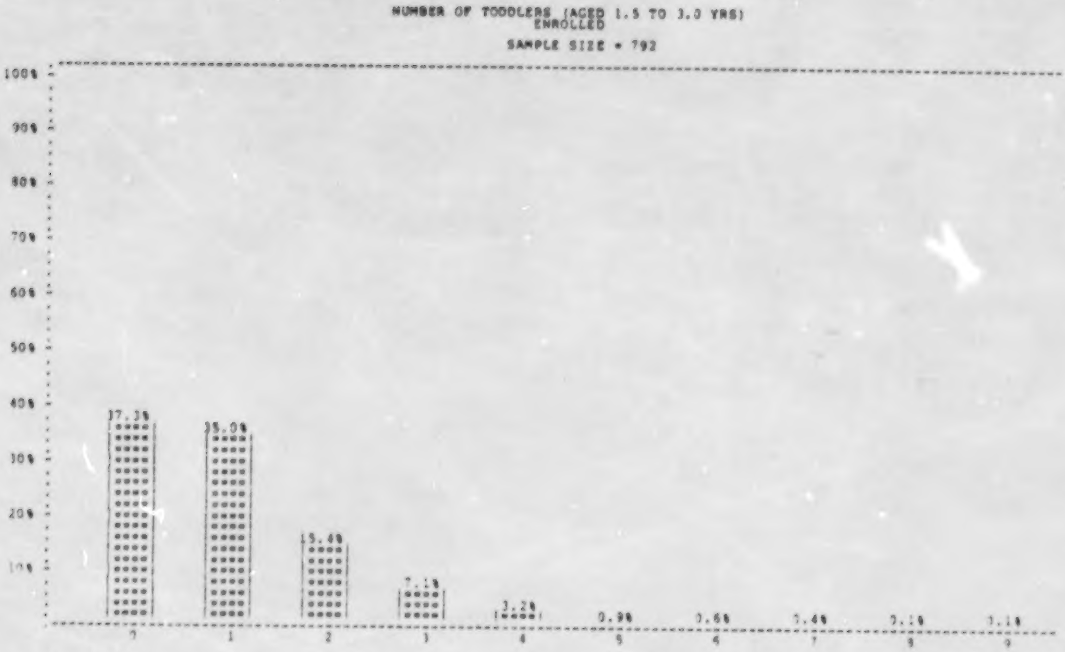

NUMBER OF TODDLERS (AGED 1.5 TO 3.0 YRS) ENROLLED

SAMPLE SIZE = 792

NUMBER OF TODDLERS (AGED 1.5 TO 3.0 YRS) ENROLLED

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.634 41 2.046	1.320 153 1.217	0.800 135 1.245	1.146 329 1.387
BLACK	1.970 56 1.163	1.402 92 1.399	0.802 101 1.049	1.313 259 1.293
HISPANIC	1.722 36 1.365	1.132 53 1.110	0.461 115 0.639	0.858 204 1.053
COLUMN TOTAL	1.811 143 1.510	1.312 298 1.258	0.689 351 1.033	1.126 792 1.288

NUMBER OF TODDLERS (AGED 1.5 TO 3.0 YRS) ENROLLED

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.611 18 2.682	1.324 71 1.156	0.592 49 0.788	1.232 138 1.481
BLACK	2.300 20 1.418	1.100 40 1.128	0.400 20 0.598	1.225 80 1.292
HISPANIC	1.875 24 1.393	1.045 22 1.174	0.500 36 0.737	1.049 82 1.216
COLUMN TOTAL	2.226 62 1.859	1.211 133 1.148	0.524 105 0.735	1.180 300 1.362

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.870 23 0.815	1.857 21 1.759	1.448 29 1.824	1.384 73 1.587
BLACK	1.838 37 1.014	1.590 39 1.499	1.333 33 1.429	1.596 109 1.334
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.467 60 1.049	1.683 60 1.589	1.387 62 1.613	1.511 182 1.440

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.131 61 1.008	0.649 57 1.110	0.898 118 1.081
BLACK	1.778 9 1.093	1.769 13 1.739	0.604 48 0.707	0.971 70 1.142
HISPANIC	1.417 12 1.311	1.194 31 1.078	0.443 79 0.594	0.730 122 0.909
COLUMN TOTAL	1.571 21 1.207	1.229 105 1.146	0.549 184 0.815	0.848 310 1.033

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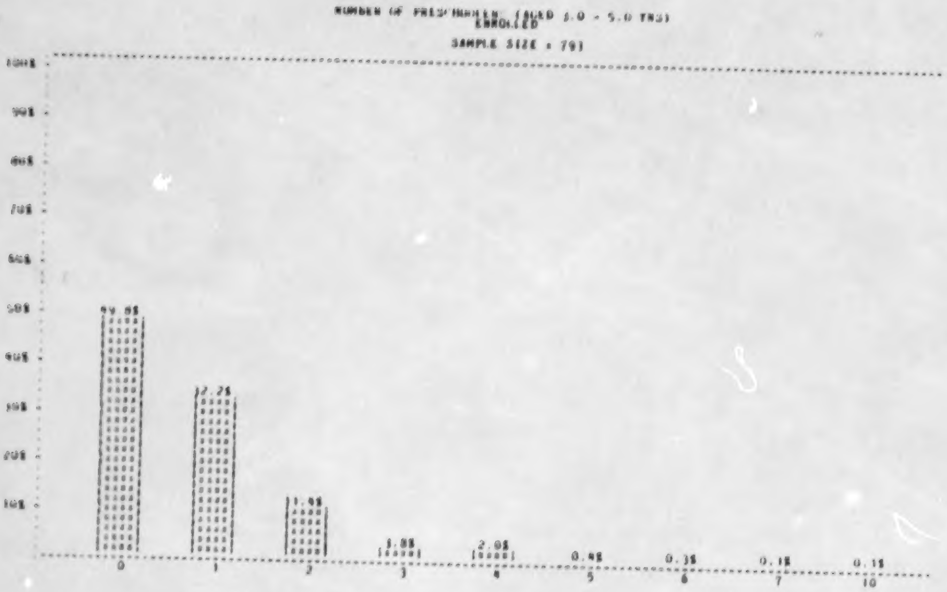


NUMBER OF PRESCHOOLERS (AGED 3.0 - 5.0 YRS) ENROLLED

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.195 41 1.418	1.137 153 1.236	0.615 135 0.872	0.930 329 1.155
BLACK	0.935 66 1.015	0.761 92 1.180	0.663 101 1.194	0.780 259 1.149
HISPANIC	0.889 36 0.979	0.660 53 0.854	0.500 116 0.752	0.610 205 0.831
COLUMN TOTAL	1.021 143 1.135	0.936 298 1.173	0.591 352 0.941	0.798 793 1.085

NUMBER OF PRESCHOOLERS (AGED 3.0 - 5.0 YRS) ENROLLED

LOS ANGELES

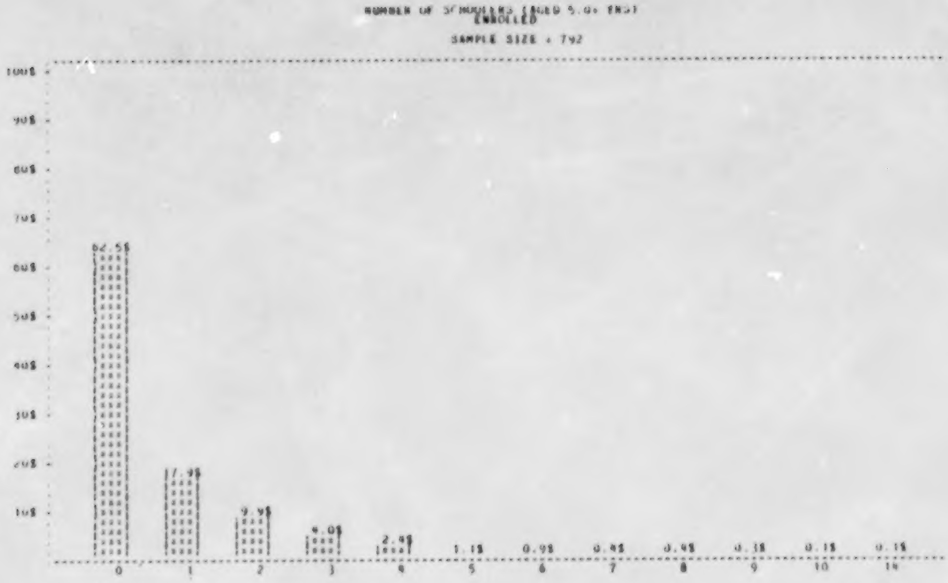
MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.722 18 0.958	1.042 71 1.270	0.531 49 0.793	0.819 138 1.102
BLACK	1.350 20 1.309	0.700 40 1.244	0.700 20 0.801	0.862 80 1.188
HISPANIC	0.667 24 0.816	0.455 22 0.510	0.500 36 0.811	0.537 82 0.740
COLUMN TOTAL	0.903 62 1.067	0.842 133 1.186	0.552 105 0.796	0.753 300 1.047

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.565 23 1.619	0.905 21 1.044	0.759 29 0.951	1.055 73 1.257
BLACK	0.730 37 0.769	0.564 39 0.788	0.758 33 1.786	0.679 109 1.170
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.050 60 1.227	0.683 60 0.892	0.758 62 1.445	0.830 182 1.216

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.328 61 1.248	0.614 57 0.901	0.983 118 1.147
BLACK	1.222 9 0.972	1.538 13 1.664	0.583 48 0.767	0.843 70 1.072
HISPANIC	1.333 12 1.155	0.806 31 1.014	0.500 80 0.729	0.659 123 0.885
COLUMN TOTAL	1.286 21 1.056	1.200 105 1.259	0.557 185 0.793	0.823 311 1.040



NUMBER OF SCHOOLERS (AGED 5.0+ YRS) ENROLLED

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.732 41 1.582	0.889 153 1.600	0.985 135 1.398	0.909 329 1.515
BLACK	0.818 66 2.307	0.663 92 1.160	1.050 101 1.862	0.853 259 1.785
HISPANIC	0.361 35 0.683	0.604 53 1.007	0.687 115 1.095	0.608 204 1.014
COLUMN TOTAL	0.678 143 1.814	0.768 298 1.384	0.906 351 1.468	0.813 792 1.507

NUMBER OF SCHOOLERS (AGED 5.0+ YRS) ENROLLED

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.056 18 2.182	1.056 71 2.013	1.224 49 1.611	1.116 138 1.891
BLACK	2.350 20 3.760	0.700 40 0.939	0.650 20 1.089	1.100 80 2.156
HISPANIC	0.500 24 0.780	0.364 22 0.658	0.778 36 1.149	0.585 82 0.942
COLUMN TOTAL	1.258 62 2.567	0.835 133 1.596	0.962 105 1.386	0.967 300 1.778

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.478 23 0.846	0.714 21 1.231	0.655 29 1.010	0.616 73 1.022
BLACK	0.189 37 0.518	0.821 39 1.467	2.152 33 2.671	1.009 109 1.898
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.300 60 0.671	0.783 60 1.379	1.452 62 2.185	0.852 182 1.613

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.754 61 1.090	0.947 57 1.355	0.847 118 1.224
BLACK	0.000 9 0.000	0.077 13 0.277	0.458 48 0.874	0.329 70 0.756
HISPANIC	0.083 12 0.289	0.774 31 1.175	0.646 79 1.075	0.623 122 1.063
COLUMN TOTAL	0.048 21 0.218	0.676 105 1.070	0.690 184 1.134	0.642 310 1.084

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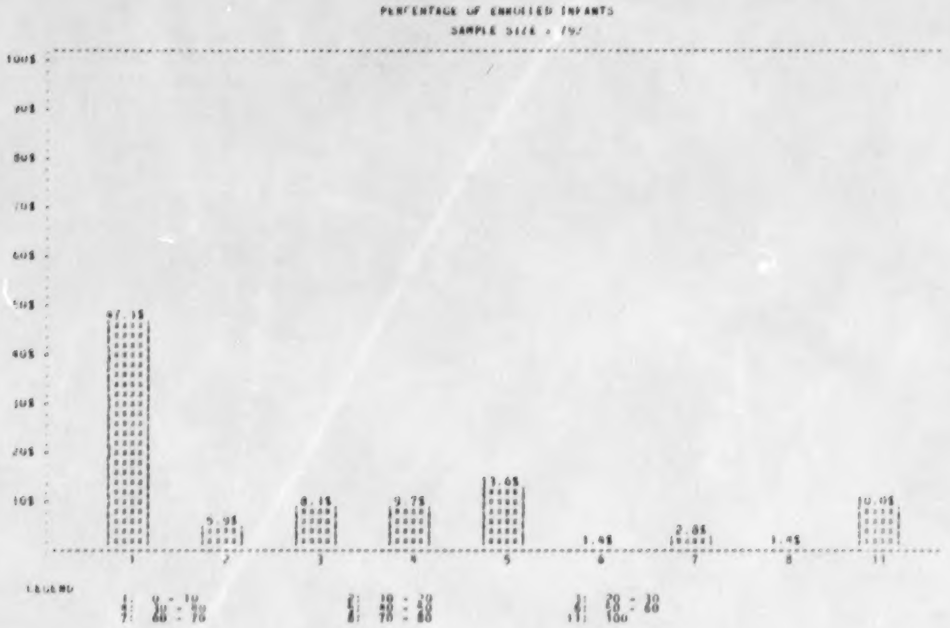

PERCENTAGE OF ENROLLED INFANTS ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	22.696 41 31.741	25.182 153 25.817	25.892 135 34.694	25.164 329 30.405
BLACK	22.868 66 26.197	30.199 92 30.149	30.259 101 38.416	28.354 259 32.800
HISPANIC	21.534 36 25.273	33.646 53 33.697	27.443 115 37.648	28.012 204 34.826
COLUMN TOTAL	22.483 143 27.490	28.236 298 28.803	27.657 351 36.706	25.941 792 32.369

PERCENTAGE OF ENROLLED INFANTS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	33.272 18 36.011	21.834 71 25.603	24.558 49 35.194	24.293 138 30.718
BLACK	17.298 20 21.172	27.030 40 30.377	38.500 20 41.106	27.464 80 32.044
HISPANIC	19.385 24 22.632	31.266 22 29.631	23.776 36 36.375	24.501 82 31.068
COLUMN TOTAL	22.743 62 27.222	24.957 133 27.805	26.946 105 36.844	25.195 300 31.097

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	14.420 23 25.818	14.286 21 24.207	16.752 29 20.355	15.308 73 22.999
BLACK	25.631 37 27.075	32.503 39 29.017	17.536 33 28.222	25.639 109 28.525
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	21.333 60 26.946	26.127 60 28.596	17.169 62 24.661	21.495 182 26.865

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	32.830 61 24.781	31.689 57 39.144	32.279 118 32.383
BLACK	23.889 9 33.145	33.040 13 34.178	35.573 48 41.752	33.600 70 39.154
HISPANIC	25.833 12 30.513	35.335 31 36.693	29.114 79 38.325	30.372 122 37.077
COLUMN TOTAL	25.000 21 30.863	33.595 105 29.644	31.597 184 39.363	31.827 310 35.767

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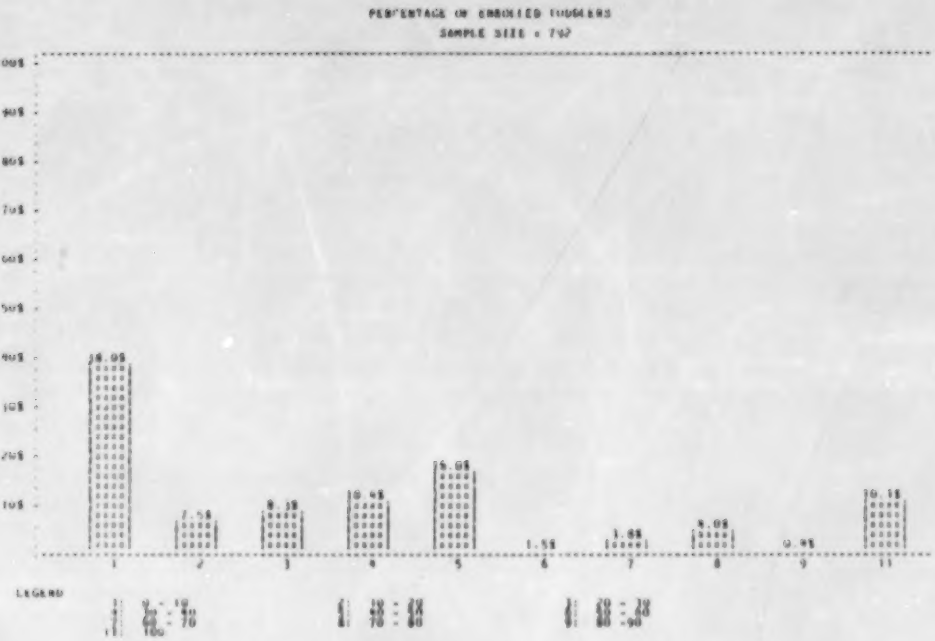

PERCENTAGE OF ENROLLED TODDLERS
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	35.610 41 32.685	32.196 153 28.710	23.927 135 31.439	29.228 329 30.608
BLACK	47.030 66 28.812	36.331 92 30.682	28.767 101 34.163	36.108 259 32.329
HISPANIC	43.419 36 30.552	32.228 53 29.650	26.915 115 39.337	31.208 204 35.948
COLUMN TOTAL	42.847 143 30.567	33.478 298 29.459	26.299 351 34.928	31.988 792 32.709

PERCENTAGE OF ENROLLED TODDLERS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	41.204 18 31.549	34.019 71 28.683	22.731 49 32.274	30.948 138 30.849
BLACK	40.032 20 29.053	32.958 40 31.421	13.083 20 20.896	29.758 80 29.962
HISPANIC	48.046 24 30.778	33.842 22 33.356	24.868 36 37.935	34.059 82 35.704
COLUMN TOTAL	43.474 62 30.184	33.671 133 30.087	21.626 105 32.605	31.481 300 31.958

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	31.232 23 33.579	45.238 21 33.670	35.415 29 35.639	36.923 73 34.421
BLACK	50.721 37 28.973	40.181 39 31.062	38.967 33 36.058	43.391 109 32.135
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	43.250 60 31.999	41.951 60 31.806	37.306 62 35.613	40.797 182 33.130

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	25.584 61 25.349	19.110 57 27.277	22.457 118 26.386
BLACK	47.407 9 27.878	35.159 13 28.056	28.289 48 35.263	32.023 70 33.413
HISPANIC	34.167 12 29.142	31.082 31 27.234	27.848 79 40.163	29.291 122 36.131
COLUMN TOTAL	39.841 21 28.688	28.393 105 26.230	25.256 184 35.379	27.307 310 32.244

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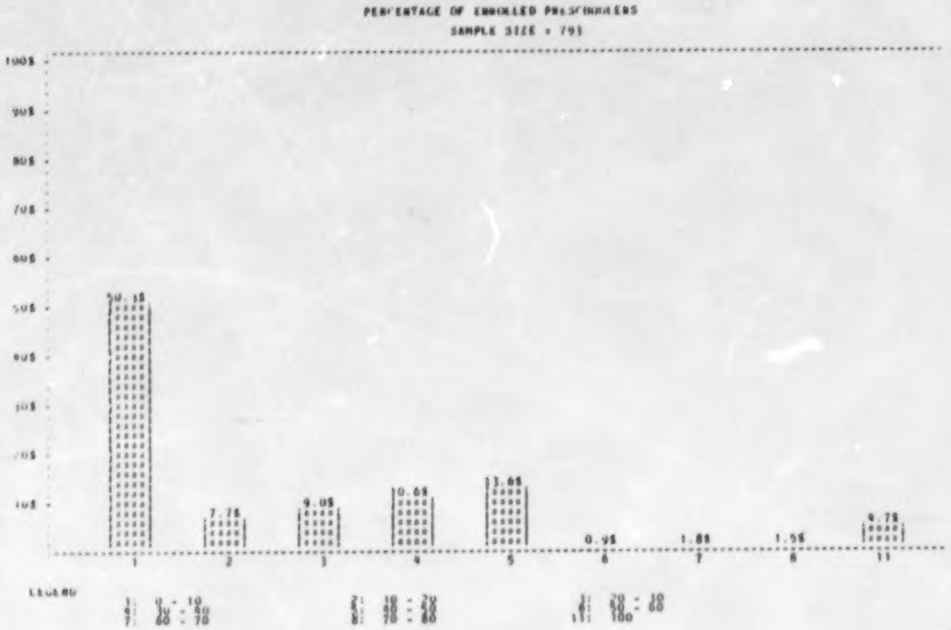

PERCENTAGE OF ENROLLED PRESCHOOLERS ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	28.699 41 33.872	25.804 153 27.129	19.389 135 27.866	23.532 329 28.478
BLACK	20.624 66 20.057	18.574 92 26.173	20.224 101 26.247	19.740 259 24.714
HISPANIC	23.981 36 25.913	17.723 53 21.440	21.714 116 31.666	21.080 205 28.325
COLUMN TOTAL	23.784 143 26.162	22.135 298 26.103	20.394 352 28.675	21.660 793 27.281

PERCENTAGE OF ENROLLED PRESCHOOLERS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	12.917 18 20.584	24.911 71 27.489	15.617 49 25.385	20.047 138 26.276
BLACK	20.142 20 20.947	18.964 40 28.321	27.583 20 30.027	21.413 80 27.045
HISPANIC	16.806 24 21.292	20.227 22 27.042	21.032 36 33.573	19.579 82 28.438
COLUMN TOTAL	16.753 62 20.828	22.348 133 27.600	19.753 105 29.358	20.283 300 27.003

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	41.051 23 37.354	27.540 21 36.741	23.580 29 31.707	30.223 73 35.350
BLACK	18.919 37 19.607	14.279 39 22.060	12.672 33 21.764	15.367 109 21.135
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	27.403 60 29.540	18.920 60 28.490	17.774 62 27.204	21.326 182 28.582

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	26.246 61 23.037	20.499 57 27.933	23.470 118 25.572
BLACK	28.704 9 20.221	30.263 13 28.955	22.349 48 26.667	24.635 70 26.256
HISPANIC	38.333 12 29.181	15.946 31 16.644	22.021 80 30.984	22.081 123 28.321
COLUMN TOTAL	34.206 21 25.607	23.703 105 22.582	21.637 185 28.843	23.183 311 26.775

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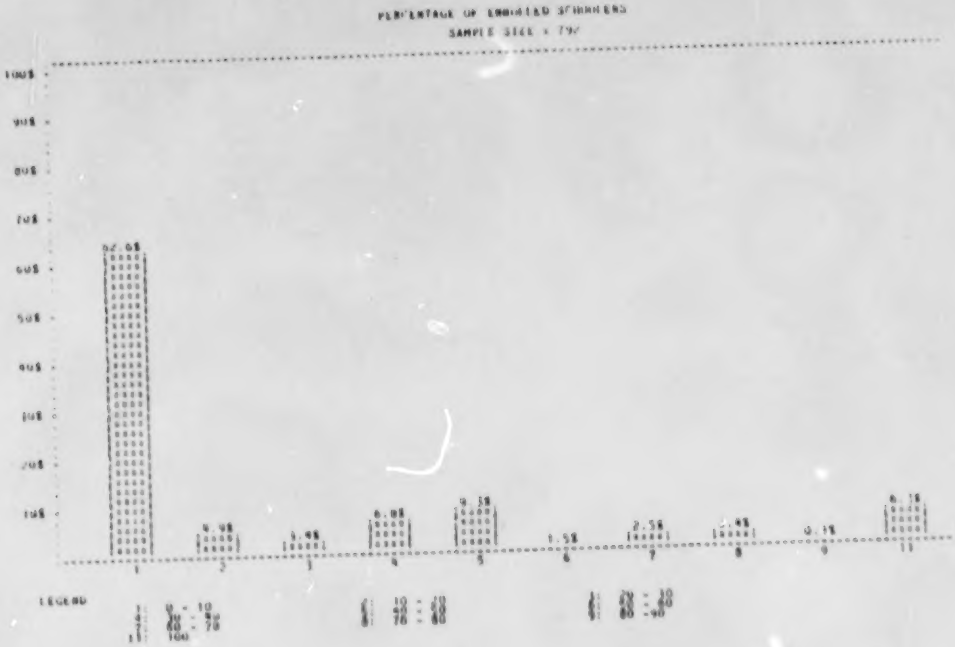

PERCENTAGE OF ENROLLED SCHOOLERS ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	13.299 41 25.441	16.861 153 26.370	30.792 135 37.400	22.134 329 32.035
BLACK	9.478 66 20.155	14.895 92 24.643	20.751 101 29.149	15.798 259 25.808
HISPANIC	11.065 36 22.671	16.403 53 27.328	24.609 115 35.360	20.087 204 31.806
COLUMN TOTAL	10.973 143 22.310	16.173 298 25.951	25.877 351 34.684	19.535 792 30.164

PERCENTAGE OF ENROLLED SCHOOLERS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	13.302	19.330	37.094	24.851
	18	71	49	138
	26.915	31.117	38.672	34.577
BLACK	22.528	21.048	20.833	21.364
	20	40	20	80
	28.409	29.287	32.496	29.529
HISPANIC	15.764	14.665	30.324	21.861
	24	22	36	82
	26.403	30.635	40.176	34.578
COLUMN TOTAL	17.231	19.075	31.676	23.104
	62	133	105	300
	27.032	30.343	38.255	33.238

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	13.297	12.937	24.253	17.546
	23	21	29	73
	24.841	19.804	35.865	28.771
BLACK	4.730	13.037	30.826	15.603
	37	39	33	109
	12.961	21.445	31.514	25.015
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	8.014	13.002	27.751	16.382
	60	60	62	182
	18.715	20.716	33.501	26.525

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	15.340	28.702	21.794
	----	61	57	118
	----	22.051	36.888	30.751
BLACK	0.000	1.538	13.790	9.741
	9	13	48	70
	0.000	5.547	24.155	20.965
HISPANIC	1.667	17.637	22.004	18.894
	12	31	79	122
	5.774	25.173	32.881	29.887
COLUMN TOTAL	0.952	14.309	21.936	17.931
	21	105	184	310
	4.364	22.163	32.540	28.762

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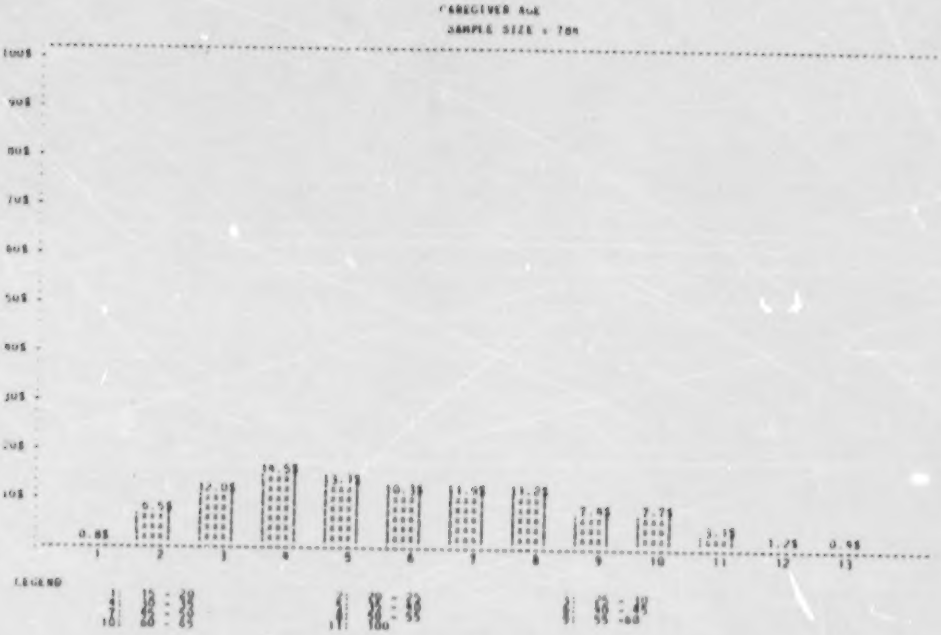

CAREGIVER AGE
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	40.552 40 10.701	42.096 153 12.619	33.636 135 11.293	38.426 328 12.500
BLACK	45.043 66 10.464	48.557 90 12.435	45.344 98 14.088	46.404 254 12.696
HISPANIC	47.333 36 11.366	42.599 51 10.375	45.477 115 13.371	45.081 202 12.378
COLUMN TOTAL	44.359 142 10.991	44.161 294 12.511	40.846 348 14.018	42.725 784 13.048

CAREGIVER AGE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	42.997 17 13.133	41.500 71 11.958	34.219 49 11.473	39.082 137 12.403
BLACK	44.827 20 10.068	51.690 39 10.661	46.374 19 12.850	48.635 78 11.378
HISPANIC	44.745 24 11.448	45.384 22 11.114	46.045 36 13.002	45.487 82 11.941
COLUMN TOTAL	44.285 61 11.357	45.158 132 12.212	40.533 104 13.547	43.359 297 12.666

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	38.744 23 8.338	41.468 21 12.171	31.777 29 9.179	36.760 73 10.625
BLACK	42.446 37 8.859	43.775 38 11.985	44.356 31 12.811	43.481 106 11.183
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	41.027 60 8.781	42.954 59 11.998	38.276 60 12.792	40.740 179 11.419

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	43.005 61 13.631	34.081 57 12.162	38.694 118 13.643
BLACK	56.200 9 11.150	53.140 13 14.729	45.574 48 15.508	48.345 70 15.287
HISPANIC	52.509 12 9.655	40.487 29 9.426	45.218 79 13.609	44.804 120 12.711
COLUMN TOTAL	54.091 21 10.223	43.575 103 13.182	41.861 184 14.605	43.268 308 14.175

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CAREGIVER YEARS OF EDUCATION
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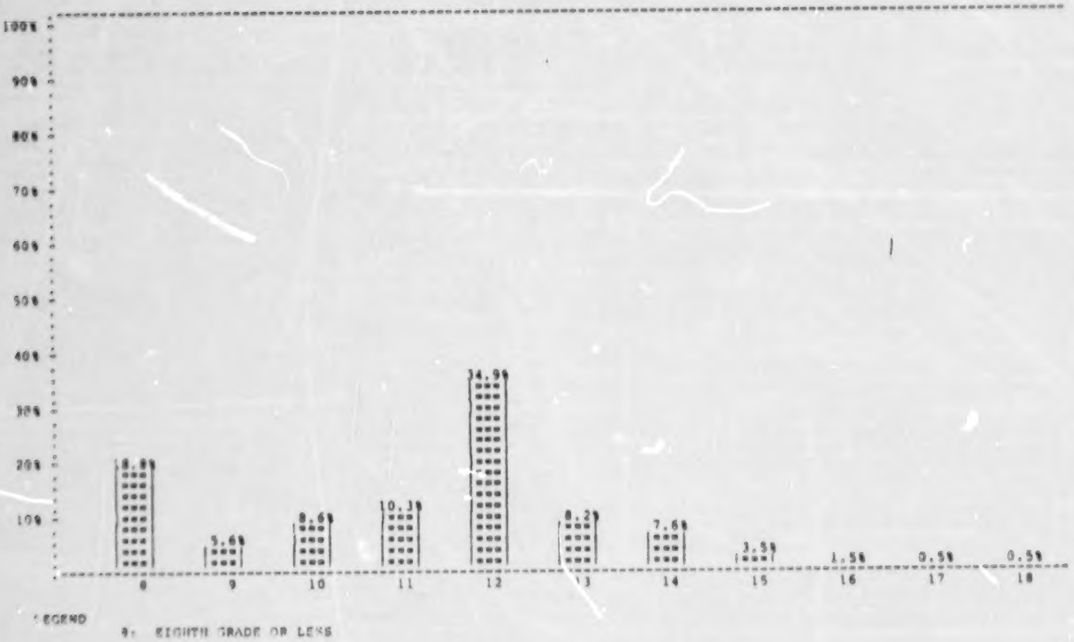

CAREGIVER YEARS OF EDUCATION ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	13.110 41 1.759	12.533 153 1.924	12.737 135 1.667	12.688 329 1.806
BLACK	12.106 66 1.822	11.957 92 2.024	11.787 101 1.899	11.929 259 1.922
HISPANIC	9.917 36 1.948	10.689 53 2.279	9.828 116 1.773	10.066 205 1.971
COLUMN TOTAL	11.843 143 2.182	12.027 298 2.124	11.506 352 2.158	11.762 793 2.160

CAREGIVER YEARS OF EDUCATION

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	14.000 18 2.036	12.993 71 1.881	12.745 49 1.665	13.036 138 1.857
BLACK	13.450 20 1.959	11.800 40 1.990	12.050 20 2.564	12.275 80 2.222
HISPANIC	9.833 24 1.761	10.818 22 2.234	8.972 36 1.298	9.720 82 1.866
COLUMN TOTAL	12.210 62 2.682	12.274 133 2.131	11.319 105 2.453	11.927 300 2.401

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	12.413 23 1.125	12.595 21 1.729	13.052 29 1.660	12.719 73 1.539
BLACK	11.527 37 1.258	11.936 39 1.789	11.773 33 2.035	11.748 109 1.706
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	11.867 60 1.275	12.167 60 1.782	12.371 62 1.963	12.137 182 1.705

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	11.975 61 1.920	12.570 57 1.678	12.263 118 1.824
BLACK	11.500 9 2.062	12.500 13 2.769	11.688 48 1.468	11.814 70 1.846
HISPANIC	10.083 12 2.353	10.597 31 2.343	10.212 80 1.829	10.297 123 2.012
COLUMN TOTAL	10.690 21 2.294	11.633 105 2.253	11.322 185 1.974	11.384 311 2.101

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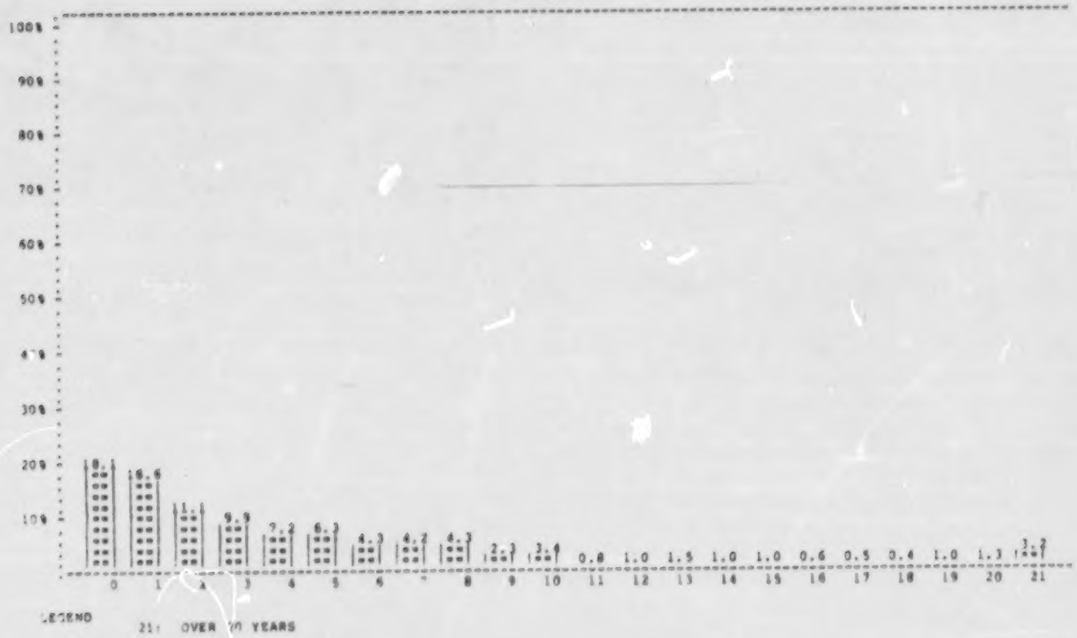
CAREGIVER YEARS OF FAMILY DAY CARE EXPERIENCE

SAMPLE SIZE = 790



CAREGIVER YEARS OF FAMILY DAY CARE EXPERIENCE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.972 41 5.821	7.316 153 7.442	3.302 135 4.392	5.502 329 6.421
BLACK	4.191 66 3.719	6.321 92 5.813	4.733 101 5.447	5.159 259 5.262
HISPANIC	4.943 36 6.200	5.121 52 5.537	4.683 114 5.930	4.842 202 5.855
COLUMN TOTAL	4.891 143 5.091	6.624 297 6.692	4.165 350 5.269	5.221 790 5.916

CAREGIVER YEARS OF FAMILY DAY CARE EXPERIENCE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	8.519 18 7.466	6.582 71 5.200	3.174 49 4.260	5.625 138 5.551
BLACK	3.746 20 3.480	7.952 40 6.019	4.808 20 5.684	6.115 80 5.668
HISPANIC	3.572 24 4.132	7.147 22 7.507	4.269 36 6.472	4.837 82 6.295
COLUMN TOTAL	5.064 62 5.542	7.088 133 5.863	3.861 105 5.369	5.540 300 5.794

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.978 23 3.012	6.274 21 6.723	3.505 29 5.659	4.450 73 5.402
BLACK	4.601 37 4.204	4.438 39 4.348	6.385 33 6.734	5.083 109 5.170
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	4.362 60 3.776	5.080 60 5.318	5.038 62 6.371	4.829 182 5.259

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	8.530 61 9.548	3.308 57 3.815	6.007 118 7.783
BLACK	3.490 9 1.504	6.949 13 7.605	3.566 48 3.9[illegible]4	4.185 70 4.785
HISPANIC	7.685 12 8.619	3.636 30 2.776	4.374 78 5.69[illegible]	4.846 120 5.561
COLUMN TOTAL	5.887 21 6.804	6.920 104 8.166	4.043 183 4.778	5.141 308 6.384

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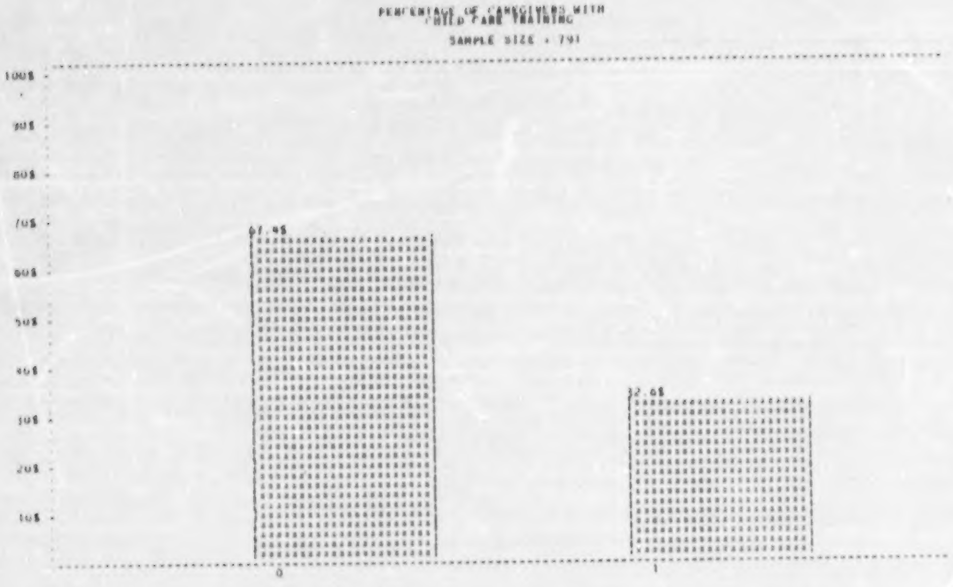

PERCENTAGE OF CAREGIVERS WITH CHILD CARE TRAINING

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	80.488 41 33	32.026 153 49	24.444 135 33	34.954 329 115
BLACK	81.818 66 54	32.609 92 30	16.162 99 16	38.910 257 100
HISPANIC	47.222 36 17	24.528 53 13	11.207 116 13	20.976 205 43
COLUMN TOTAL	72.727 143 104	30.872 298 92	17.714 350 62	32.617 791 258

PERCENTAGE OF CAREGIVERS WITH CHILD CARE TRAINING

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	100.000 18 18	38.028 71 27	30.612 49 15	43.478 138 60
BLACK	65.000 20 13	22.500 40 9	20.000 20 4	32.500 80 26
HISPANIC	29.167 24 7	27.273 22 6	13.889 36 5	21.951 82 18
COLUMN TOTAL	61.290 62 38	31.579 133 42	22.857 105 24	34.667 300 104

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	65.217 23 15	23.810 21 5	34.483 29 10	41.096 73 30
BLACK	91.892 37 34	43.590 39 17	19.355 31 6	53.271 107 57
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	81.667 60 49	36.667 60 22	26.667 60 16	48.333 180 87

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	--- ---- ----	27.869 61 17	14.035 57 8	21.186 118 25
BLACK	77.778 9 7	30.769 13 4	12.500 48 6	24.286 70 17
HISPANIC	83.333 12 10	22.581 31 7	10.000 80 8	20.325 123 25
COLUMN TOTAL	80.952 21 17	26.667 105 28	11.892 185 22	21.543 311 67

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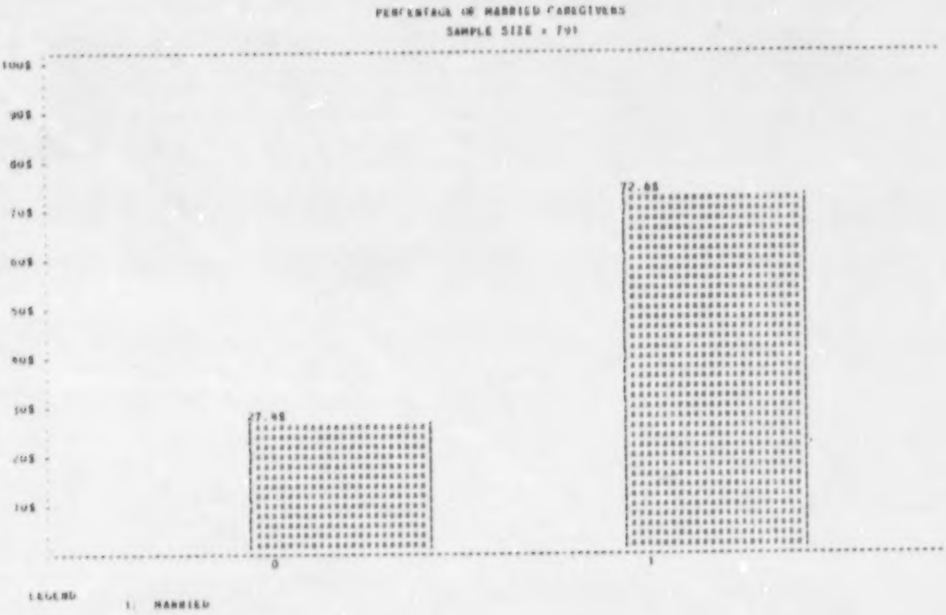

PERCENTAGE OF MARRIED CAREGIVERS ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	87.805 41 36	81.699 153 125	86.667 135 117	84.498 329 278
BLACK	55.385 65 36	52.747 91 48	48.515 101 49	51.751 257 133
HISPANIC	86.111 36 31	92.453 53 49	71.552 116 83	79.512 205 163
COLUMN TOTAL	72.535 142 103	74.747 297 222	70.739 352 249	72.566 791 574

PERCENTAGE OF MARRIED CAREGIVERS

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	77.778 18 14	80.282 71 57	85.714 49 42	81.884 138 113
BLACK	68.421 19 13	55.000 40 22	50.000 20 10	56.962 79 45
HISPANIC	79.167 24 19	86.364 22 19	63.889 36 23	74.390 82 61
COLUMN TOTAL	75.410 61 46	73.684 133 98	71.429 105 75	73.244 299 219

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	95.652 23 22	95.238 21 20	82.759 29 24	90.411 73 66
BLACK	45.946 37 17	47.368 38 18	57.576 33 19	50.000 108 54
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	65.000 60 39	64.407 59 38	69.355 62 43	66.298 181 120

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	78.689 61 48	89.474 57 51	83.898 118 99
BLACK	66.667 9 6	61.538 13 8	41.667 48 20	48.571 70 34
HISPANIC	100.000 12 12	96.774 31 30	75.000 80 60	82.927 123 102
COLUMN TOTAL	85.714 21 18	81.905 105 86	70.811 185 131	75.563 311 235

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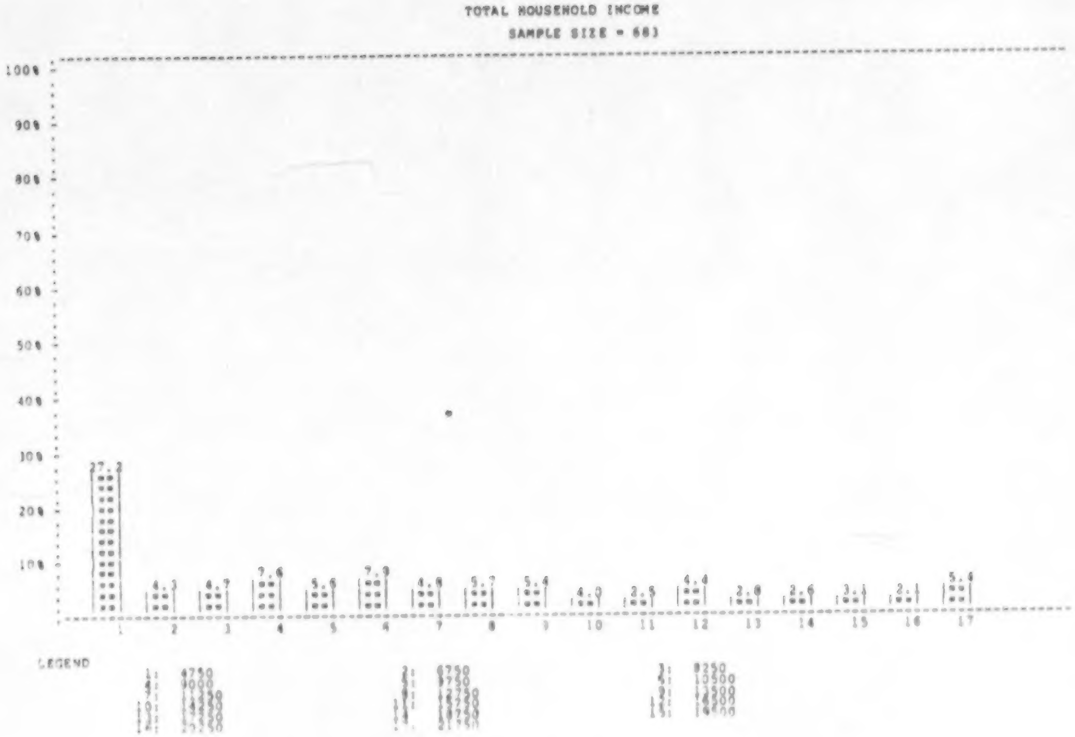

TOTAL HOUSEHOLD INCOME
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	16393.94 33 4526.84	13369.56 138 5218.42	13137.29 122 4963.62	13613.48 293 5121.36
BLACK	8387.93 58 4895.44	9163.33 75 4547.51	7488.09 84 4268.28	8441.24 217 4582.29
HISPANIC	9500.00 32 3374.48	11238.89 45 4331.75	8302.08 96 3956.99	9287.57 173 4128.83
COLUMN TOTAL	11060.97 123 5481.09	11775.19 258 5204.79	10023.97 302 5151.54	10374.45 683 5284.40

TOTAL HOUSEHOLD INCOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	14359.38 16 5321.32	14250.00 67 5078.92	14095.74 47 5051.51	14207.69 130 5059.45
BLACK	10250.00 19 4314.86	8263.89 36 3303.11	7044.12 17 3940.21	8500.00 72 3866.84
HISPANIC	9130.95 21 2884.89	11075.00 20 3738.23	8266.67 30 3980.52	9313.38 71 3755.17
COLUMN TOTAL	11004.46 56 4653.32	11981.71 123 5128.39	10960.11 94 5508.71	11429.49 273 5177.04

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	18308.82 17 2530.33	13485.29 17 4943.80	13870.00 25 3998.12	15038.13 59 4421.93
BLACK	8120.97 31 5220.10	10183.33 30 5419.84	9083.33 21 5721.30	9121.95 82 5430.71
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	11729.17 48 6619.57	11377.66 47 5439.86	11684.78 46 5374.43	11597.52 141 5808.84

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	12240.74 54 5348.68	11870.00 50 5124.53	12062.50 104 5220.01
BLACK	8625.00 8 4771.57	9361.11 9 5430.11	6923.91 46 3456.42	7488.09 63 3994.81
HISPANIC	10204.54 11 4221.70	11370.00 25 4826.75	8318.18 66 3976.75	9269.61 102 4388.28
COLUMN TOTAL	9539.47 19 4404.28	11698.86 88 5229.25	9018.52 162 4657.91	9932.15 269 4975.34

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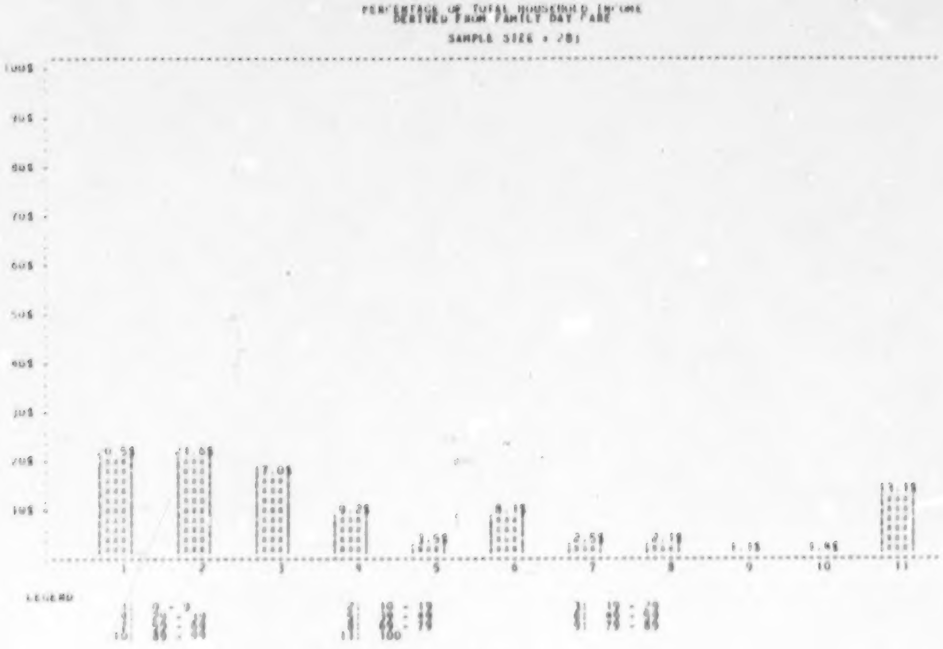

PERCENTAGE OF TOTAL HOUSEHOLD INCOME DERIVED FROM FAMILY DAY CARE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	31.375 16 24.549	32.521 48 26.618	15.148 54 13.830	24.415 118 22.841
BLACK	65.056 36 36.915	50.536 28 35.059	29.421 38 34.187	47.794 102 38.265
HISPANIC	49.750 12 32.689	20.650 20 22.579	24.194 31 31.779	27.937 63 30.834
COLUMN TOTAL	53.765 64 35.921	35.302 96 30.320	21.837 123 26.925	33.625 283 32.638

PERCENTAGE OF TOTAL HOUSEHOLD INCOME DERIVED FROM FAMILY DAY CARE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	37.182	33.235	14.214	27.929
	11	17	14	42
	27.283	25.575	12.855	24.250
BLACK	42.333	41.111	23.917	35.303
	12	9	12	33
	28.458	35.512	23.365	29.291
HISPANIC	52.000	22.143	21.700	33.714
	11	7	10	28
	33.296	15.507	24.290	29.751
COLUMN TOTAL	43.794	33.030	19.528	31.864
	34	33	36	103
	29.483	27.050	20.098	27.404

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	18.600	26.875	18.727	21.417
	5	8	11	24
	10.114	13.871	16.026	14.267
BLACK	76.417	49.071	42.111	61.702
	24	14	9	47
	35.809	35.593	44.681	39.786
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	66.448	41.000	29.250	48.085
	29	22	20	71
	39.521	31.110	33.439	38.412

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	33.957	14.241	22.962
	----	23	29	52
	----	31.026	13.684	24.815
BLACK	0.000	71.600	26.588	36.818
	0	5	17	22
	0.000	29.922	34.747	38.252
HISPANIC	25.000	19.846	25.381	23.314
	1	13	21	35
	0.000	26.172	35.281	31.325
COLUMN TOTAL	25.000	34.073	20.866	25.872
	1	41	67	109
	0.000	32.654	27.992	30.246

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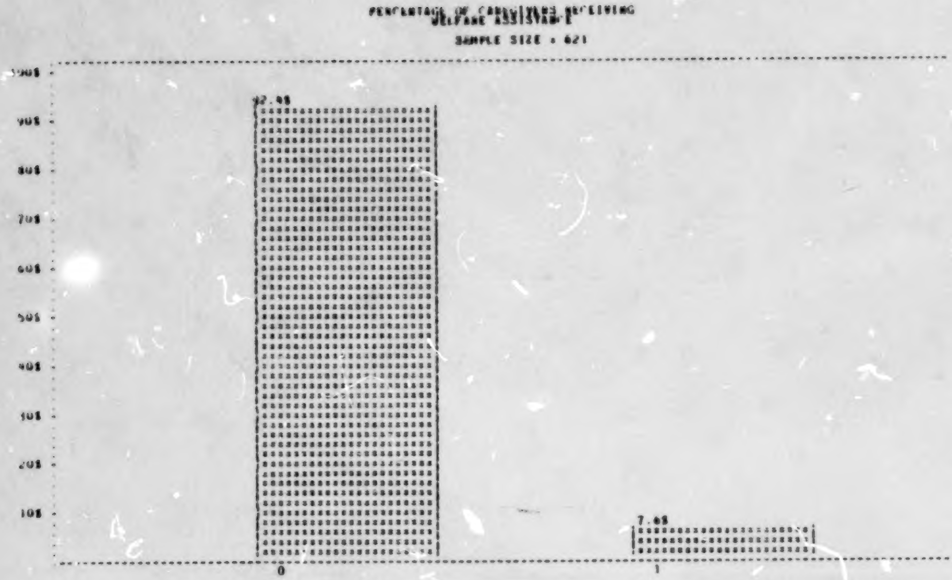

PERCENTAGE OF CAREGIVERS RECEIVING WELFARE ASSISTANCE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.564 39 1	1.020 98 1	5.941 101 6	3.361 238 8
BLACK	3.390 59 2	14.286 63 9	15.217 92 14	11.682 214 25
HISPANIC	7.143 28 2	2.174 46 1	11.579 95 11	8.284 169 14
COLUMN TOTAL	3.968 126 5	5.314 207 11	10.764 288 31	7.568 621 47

PERCENTAGE OF CAREGIVERS RECEIVING WELFARE ASSISTANCE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.250 16 1	0.000 17	12.500 16 2	6.122 49 3
BLACK	0.000 16	7.143 14 1	0.000 13	2.326 43 1
HISPANIC	6.250 16 1	0.000 15	12.500 16 2	6.383 47 3
COLUMN TOTAL	4.167 48 2	2.174 46 1	8.889 45 4	5.036 139 7

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.000 23	0.000 20	7.143 28 2	2.817 71 2
BLACK	5.882 34 2	22.222 36 8	6.452 31 2	11.881 101 12
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.509 57 2	14.286 56 8	6.780 59 4	8.140 172 14

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.639 61 1	3.509 57 2	2.542 118 3
BLACK	0.000 9	0.000 13	25.000 48 12	17.143 70 12
HISPANIC	8.333 12 1	3.226 31 1	11.392 79 9	9.016 122 11
COLUMN TOTAL	4.762 21 1	1.905 105 2	12.500 184 23	8.387 310 26

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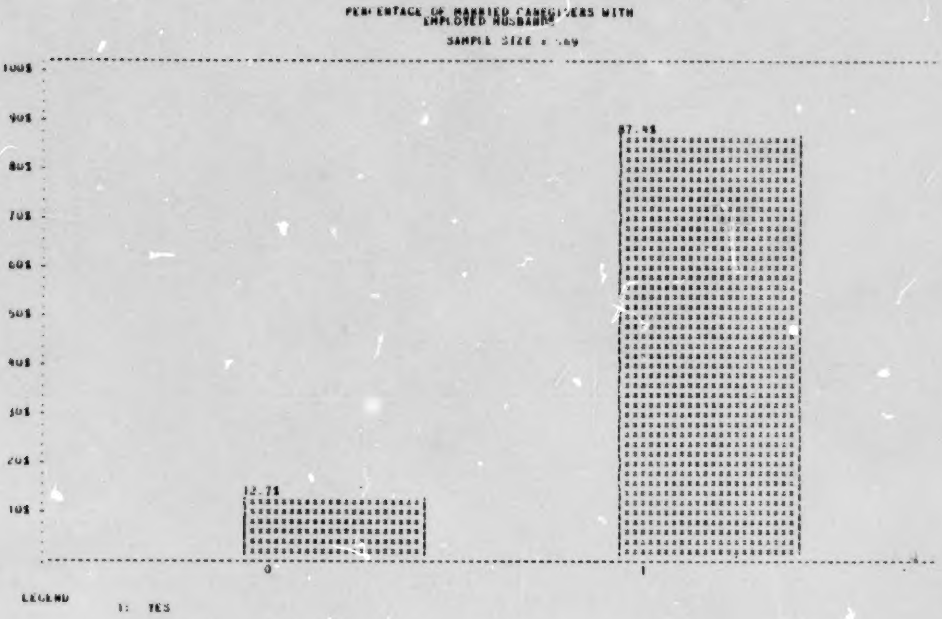

PERCENTAGE OF MARRIED CAREGIVERS WITH EMPLOYED HUSBANDS

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	94.444 36 34	92.000 125 115	96.581 117 113	94.245 278 262
BLACK	84.848 33 28	75.000 48 36	73.469 49 36	76.923 130 100
HISPANIC	83.871 31 26	85.714 49 42	82.716 81 67	83.851 161 135
COLUMN TOTAL	88.000 100 88	86.937 222 193	87.449 247 216	87.346 569 497

PERCENTAGE OF MARRIED CAREGIVERS WITH EMPLOYED HUSBANDS

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	85.714 14 12	94.737 57 54	97.619 42 41	94.690 113 107
BLACK	84.615 13 11	63.636 22 14	70.000 10 7	71.111 45 32
HISPANIC	94.737 19 18	84.211 19 16	86.364 22 19	88.333 60 53
COLUMN TOTAL	89.130 46 41	85.714 98 84	90.541 74 67	88.073 218 192

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	100.000 22 22	95.000 20 19	95.833 24 23	96.970 66 64
BLACK	92.857 14 13	88.889 18 16	73.684 19 14	84.314 51 43
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	97.222 36 35	92.105 38 35	86.047 43 37	91.453 117 107

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	87.500 48 42	96.078 51 49	91.919 99 91
BLACK	66.667 6 4	75.000 8 6	75.000 20 15	73.529 34 25
HISPANIC	66.667 12 8	86.667 30 26	81.356 59 48	81.188 101 82
COLUMN TOTAL	66.667 18 12	86.047 86 74	86.154 130 112	84.615 234 198

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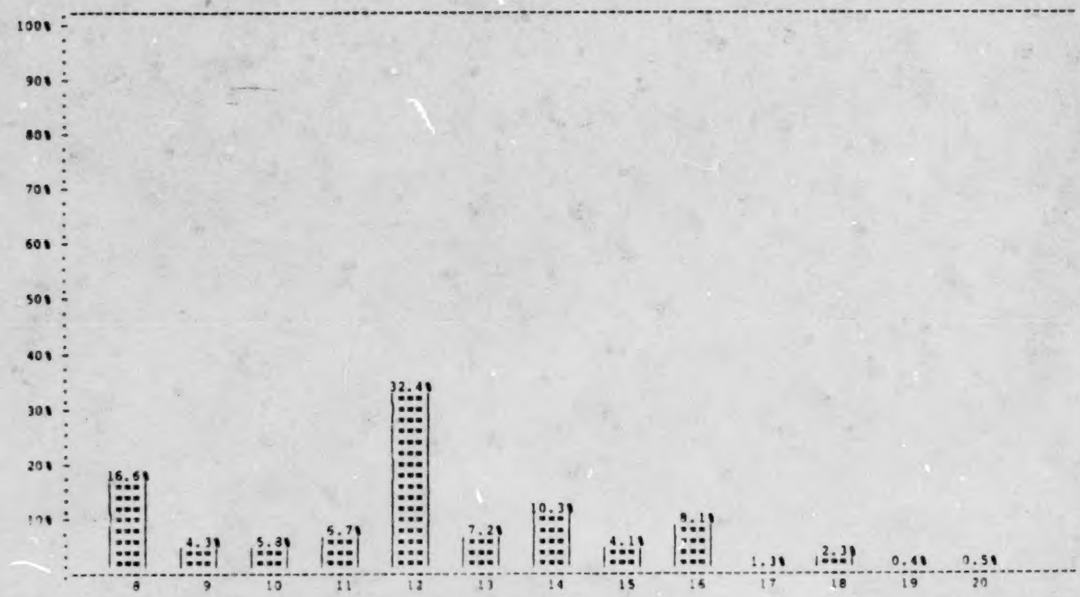
CAREGIVER'S HUSBAND'S YEARS
OF EDUCATION

SAMPLE SIZE = 555



LEGEND

8: EIGHTH GRADE OR LESS

CAREGIVER'S HUSBAND'S YEARS OF EDUCATION

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	13.028 36 1.973	13.459 123 2.572	13.439 115 2.407	13.394 274 2.428
BLACK	12.561 33 2.030	12.656 45 2.637	11.978 46 2.116	12.379 124 2.301
HISPANIC	10.776 29 2.763	12.255 49 2.854	10.538 79 2.534	11.118 157 2.772
COLUMN TOTAL	12.204 98 2.425	13.021 217 2.689	12.204 240 2.714	12.523 555 2.681

CAREGIVER'S HUSBAND'S YEARS OF EDUCATION

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	14.357 14 2.070	14.026 57 2.707	14.150 40 2.392	14.113 111 2.505
BLACK	13.192 13 1.974	12.452 21 2.578	11.250 8 2.605	12.452 42 2.449
HISPANIC	11.111 18 3.090	12.605 19 2.826	9.595 21 2.143	11.052 58 2.927
COLUMN TOTAL	12.722 45 2.828	13.407 97 2.777	12.428 69 3.117	12.941 211 2.923

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	12.182 22 1.393	12.395 19 1.696	13.292 24 2.484	12.654 65 1.978
BLACK	12.214 14 1.816	12.912 17 2.623	11.556 18 1.697	12.214 49 2.131
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	12.194 36 1.546	12.639 36 2.167	12.548 42 2.326	12.465 114 2.048

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	13.202 47 2.562	12.951 51 2.292	13.071 98 2.416
BLACK	12.000 6 2.588	12.643 7 3.185	12.650 20 2.159	12.530 33 2.404
HISPANIC	10.227 11 2.149	12.033 30 2.897	10.879 58 2.594	11.157 99 2.692
COLUMN TOTAL	10.853 17 2.396	12.738 84 2.758	11.973 129 2.595	12.170 230 2.682

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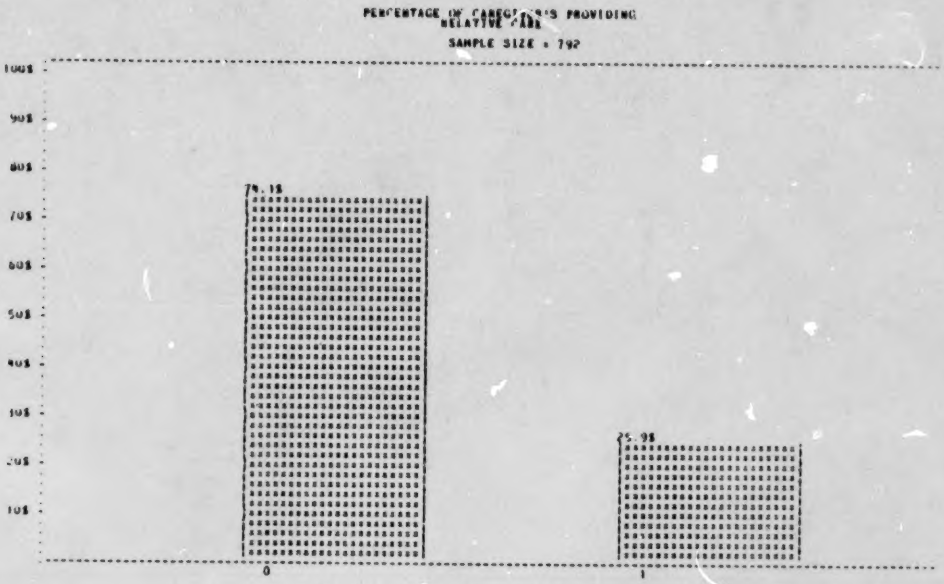

PERCENTAGE OF CAREGIVERS PROVIDING RELATIVE CARE

SAMPLE SIZE = 792

PERCENTAGE OF CAREGIVERS PROVIDING RELATIVE CARE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	7.500 40 3	11.111 153 17	22.963 135 31	15.549 328 51
BLACK	9.091 66 6	18.478 92 17	45.545 101 46	26.641 259 69
HISPANIC	16.667 36 6	18.868 53 10	59.483 116 69	41.463 205 85
COLUMN TOTAL	10.563 142 15	14.765 298 44	41.477 352 146	25.884 792 205

PERCENTAGE OF CAREGIVERS PROVIDING RELATIVE CARE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	11.765 17 2	5.634 71 4	12.245 49 6	8.759 137 12
BLACK	25.000 20 5	20.000 40 8	45.000 20 9	27.500 80 22
HISPANIC	16.667 24 4	18.182 22 4	55.556 36 20	34.146 82 28
COLUMN TOTAL	18.033 61 11	12.030 133 16	33.333 105 35	20.736 299 62

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.348 23 1	14.286 21 3	20.690 29 6	13.699 73 10
BLACK	2.703 37 1	12.821 39 5	18.182 33 6	11.009 109 12
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.333 60 2	13.333 60 8	19.355 62 12	12.088 182 22

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	16.393 61 10	33.333 57 19	24.576 118 29
BLACK	0.000 9	30.769 13 4	64.583 48 31	50.000 70 35
HISPANIC	16.667 12 2	19.355 31 6	61.250 80 49	46.341 123 57
COLUMN TOTAL	9.524 21 2	19.048 105 20	53.514 185 99	38.907 311 121

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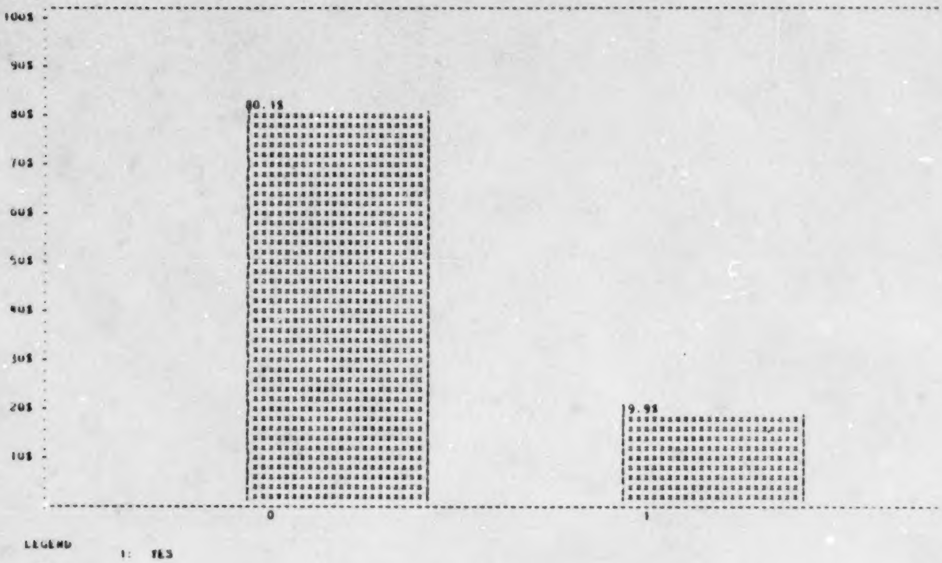

PERCENTAGE OF CAREGIVERS WHO TOOK ANY CHILD CARE COURSES

SAMPLE SIZE = 607

PERCENTAGE OF CAREGIVERS WHO TOOK ANY CHILD CARE COURSES

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	48.718 39 19	25.510 98 25	24.000 100 24	28.692 237 68
BLACK	12.069 58 7	23.438 64 15	16.842 95 16	17.512 217 38
HISPANIC	21.429 28 6	11.905 42 5	4.819 83 4	9.804 153 15
COLUMN TOTAL	25.600 125 32	22.059 204 45	15.827 278 44	19.934 607 121

PERCENTAGE OF CAREGIVERS WHO TOOK ANY CHILD CARE COURSES

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	81.250 16 13	35.294 17 6	56.250 16 9	57.143 49 28
BLACK	31.250 16 5	7.143 14 1	35.714 14 5	25.000 44 11
HISPANIC	25.000 16 4	20.000 15 3	6.250 16 1	17.021 47 8
COLUMN TOTAL	45.833 48 22	21.739 46 10	32.609 46 15	33.571 140 47

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	26.087 23 6	9.524 21 2	17.241 29 5	17.808 73 13
BLACK	6.061 33 2	31.579 38 12	15.152 33 5	18.269 104 19
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	14.286 56 8	23.729 59 14	16.129 62 10	18.079 177 32

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	28.333 60 17	18.182 55 10	23.478 115 27
BLACK	0.000 9	16.667 12 2	12.500 48 6	11.594 69 8
HISPANIC	16.667 12 2	7.407 27 2	4.478 67 3	6.604 106 7
COLUMN TOTAL	9.524 21 2	21.212 99 21	11.176 170 19	14.483 290 42

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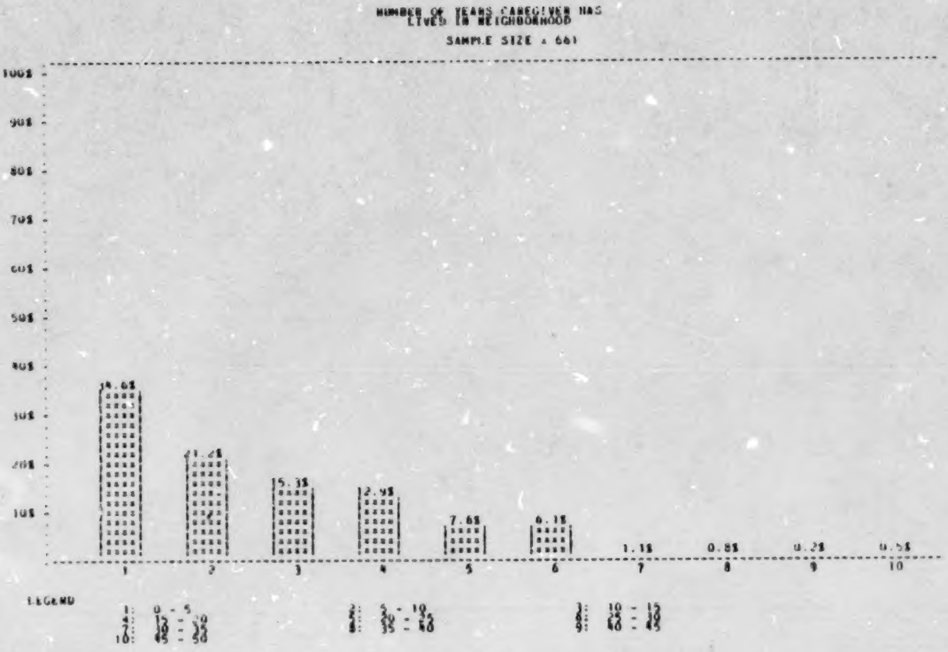

NUMBER OF YEARS CAREGIVER HAS LIVED IN NEIGHBORHOOD

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	11.411 40 9.964	12.250 136 9.120	6.935 103 7.755	10.167 279 9.089
BLACK	12.702 63 8.139	13.302 85 7.351	12.028 78 10.107	12.695 226 8.584
HISPANIC	14.542 34 11.662	9.985 46 7.550	10.461 76 9.222	11.210 156 9.477
COLUMN TOTAL	12.782 137 9.644	12.195 267 8.376	9.523 257 9.191	11.278 661 9.067

NUMBER OF YEARS CAREGIVER HAS LIVED IN NEIGHBORHOOD

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	11.551 18 11.010	10.940 71 8.682	6.177 49 8.071	9.329 138 9.051
BLACK	10.237 20 7.130	14.006 40 7.345	11.570 20 8.452	12.455 80 7.662
HISPANIC	9.122 24 5.977	9.788 22 8.283	7.398 36 6.656	8.544 82 6.941
COLUMN TOTAL	10.187 62 8.005	11.672 133 8.328	7.623 105 7.875	9.948 300 8.276

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	11.296 22 9.286	15.434 19 10.714	10.004 21 8.405	12.126 62 9.588
BLACK	12.654 34 7.834	10.380 32 5.666	13.207 25 10.316	12.006 91 7.964
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	12.121 56 8.378	12.263 51 8.205	11.745 46 9.526	12.055 153 8.629

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	12.956 46 9.882	6.108 33 6.487	10.095 79 8.621
BLACK	18.361 9 9.393	18.327 13 8.263	11.413 33 11.045	14.184 55 10.596
HISPANIC	27.550 10 11.875	10.166 24 6.988	13.217 40 10.361	14.164 74 10.973
COLUMN TOTAL	23.197 19 11.487	12.991 83 8.592	10.442 106 9.950	12.624 208 10.183

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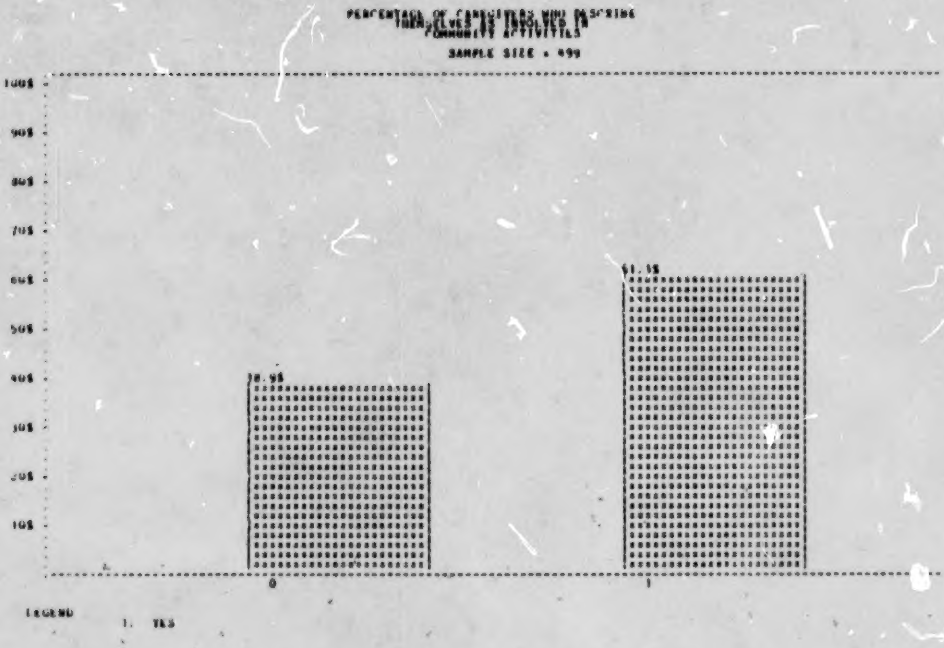

PERCENTAGE OF CAREGIVERS WHO DESCRIBE THEMSELVES AS INVOLVED IN COMMUNITY ACTIVITIES

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	47.368 38 18	68.293 82 56	52.857 70 37	58.421 190 111
BLACK	72.414 58 42	83.051 59 49	66.667 72 48	73.545 189 139
HISPANIC	30.769 26 8	52.632 38 20	48.214 56 27	45.833 120 55
COLUMN TOTAL	55.738 122 68	69.832 179 125	56.566 198 112	61.122 499 305

PERCENTAGE OF CAREGIVERS WHO DESCRIBE THEMSELVES AS INVOLVED IN COMMUNITY ACTIVITIES

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	31.250 16 5	23.529 17 4	25.000 16 4	26.531 49 13
BLACK	43.750 16 7	71.429 14 10	30.769 13 4	48.837 43 21
HISPANIC	25.000 16 4	42.857 14 6	37.500 16 6	34.783 46 16
COLUMN TOTAL	33.333 48 16	44.444 45 20	31.111 45 14	36.232 138 50

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	59.091 22 13	68.421 19 13	57.143 21 12	61.290 62 38
BLACK	78.788 33 26	87.500 32 28	68.000 25 17	78.889 90 71
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	70.909 55 39	80.392 51 41	63.043 46 29	71.711 152 109

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	84.783 46 39	63.636 33 21	75.949 79 60
BLACK	100.000 9 9	84.615 13 11	79.412 34 27	83.929 56 47
HISPANIC	40.000 10 4	58.333 24 14	52.500 40 21	52.703 74 39
COLUMN TOTAL	68.421 19 13	77.108 83 64	64.486 107 69	69.856 209 146

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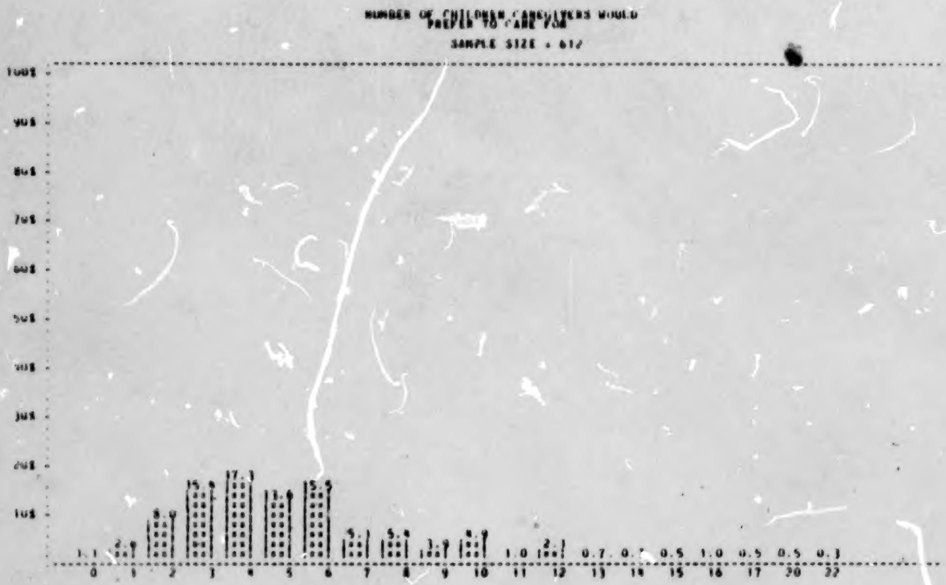

NUMBER OF CHILDREN CAREGIVERS WOULD PREFER TO CARE FOR

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.692 39 2.250	6.031 96 2.815	4.680 97 3.151	5.241 232 2.943
BLACK	6.557 51 3.717	7.000 64 3.446	5.967 90 3.841	6.442 215 3.701
HISPANIC	5.481 27 2.208	5.587 46 3.631	4.587 92 3.312	5.012 165 3.272
COLUMN TOTAL	5.756 127 3.129	6.233 206 3.242	5.065 279 3.483	5.601 612 3.367

NUMBER OF CHILDREN CAREGIVERS WOULD PREFER TO CARE FOR

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.563 16 2.780	5.706 17 3.255	4.125 16 2.986	5.143 49 3.041
BLACK	8.471 17 4.598	5.429 14 2.954	5.000 14 2.184	6.444 45 3.775
HISPANIC	5.500 16 2.251	5.000 15 2.619	4.875 16 3.793	5.128 47 2.916
COLUMN TOTAL	6.551 49 3.612	5.391 46 2.917	4.652 46 3.049	5.553 141 3.289

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.087 23 1.593	5.474 19 2.065	4.333 27 2.882	4.565 69 2.336
BLACK	6.083 36 3.307	7.622 37 3.737	7.700 30 4.419	7.107 103 3.847
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	5.305 59 2.920	6.893 56 3.404	6.105 57 4.104	6.087 172 3.544

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	6.300 60 2.895	5.019 54 3.334	5.693 114 3.163
BLACK	4.625 8 1.061	5.923 13 2.629	5.130 46 3.494	5.418 67 3.206
HISPANIC	5.455 11 2.252	5.871 31 4.039	4.526 76 3.227	4.966 118 3.414
COLUMN TOTAL	5.105 19 1.853	6.250 104 3.234	4.835 176 3.323	5.344 299 3.279

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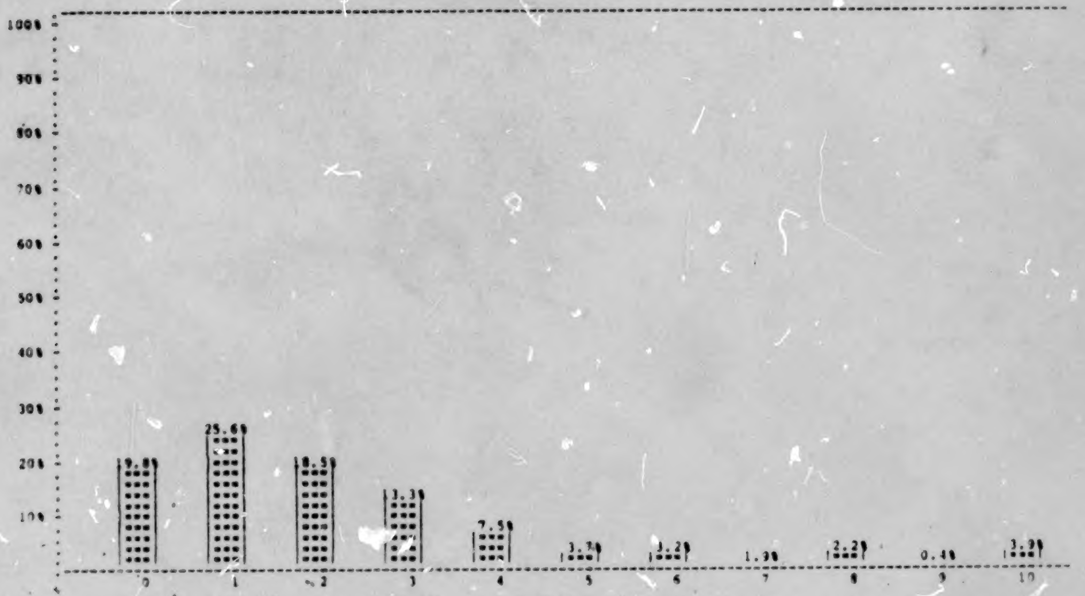
DIFFERENCE BETWEEN PREFERRED AND ACTUAL ENROLLMENTS

SAMPLE SIZE = 535



DIFFERENCE BETWEEN PREFERRED AND ACTUAL ENROLLMENTS

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.667 39 2.410	1.385 96 2.859	1.268 97 3.299	1.216 232 2.984
BLACK	2.115 61 2.841	2.734 64 4.021	2.811 90 3.050	2.591 215 3.314
HISPANIC	1.519 27 1.740	2.087 46 2.950	2.500 92 3.257	2.224 165 2.986
COLUMN TOTAL	1.543 127 2.572	1.961 206 3.319	2.172 279 3.268	1.971 612 3.159

DIFFERENCE BETWEEN PREFERRED AND ACTUAL ENROLLMENTS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.438 16 3.183	0.765 17 2.927	-0.063 16 1.611	0.388 49 2.636
BLACK	1.941 17 2.461	1.357 14 3.296	1.643 14 1.946	1.667 45 2.567
HISPANIC	1.313 16 1.401	2.000 15 2.420	2.375 16 3.181	1.894 47 2.434
COLUMN TOTAL	1.245 49 2.488	1.348 46 2.877	1.304 46 2.537	1.298 141 2.618

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.826 23 1.749	1.368 19 1.640	0.481 27 1.868	0.841 69 1.779
BLACK	2.500 36 3.220	3.459 37 4.463	3.433 30 3.559	3.117 103 3.794
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.847 59 2.846	2.750 56 3.862	2.035 57 3.224	2.203 172 3.331

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.567 60 3.143	2.056 54 3.974	1.798 114 3.553
BLACK	0.750 8 0.707	2.154 13 3.023	2.761 46 2.907	2.403 67 2.813
HISPANIC	1.818 11 2.183	2.129 31 3.212	2.526 76 3.304	2.356 118 3.180
COLUMN TOTAL	1.368 19 1.770	1.808 104 3.132	2.443 176 3.422	2.154 299 3.254

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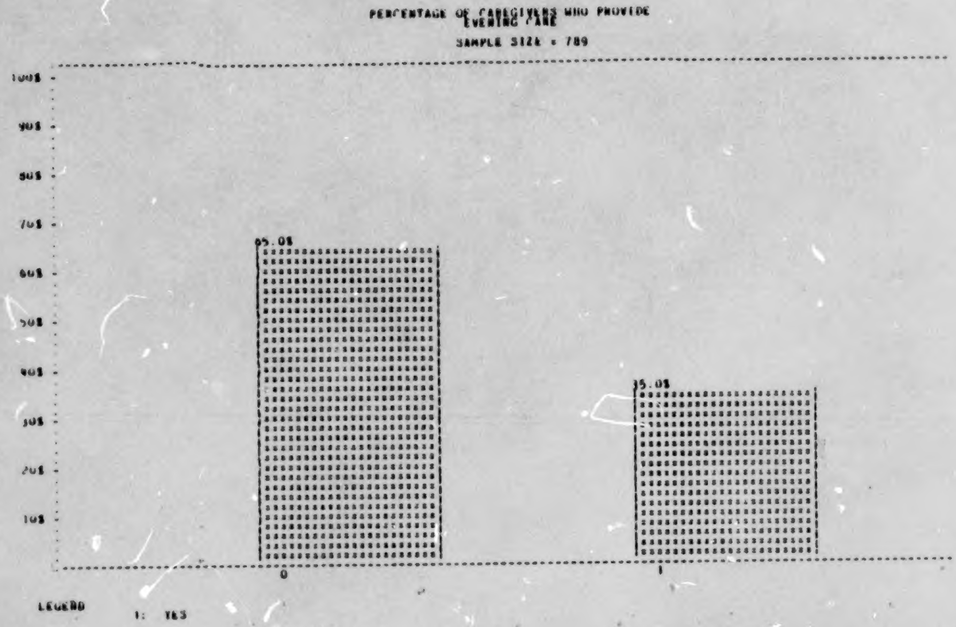

PERCENTAGE OF CAREGIVERS WHO PROVIDE EVENING CARE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	17.073 41 7	35.294 153 54	45.185 135 61	37.082 329 122
BLACK	15.152 66 10	25.275 91 23	35.354 99 35	26.563 256 68
HISPANIC	28.571 35 10	39.623 53 21	47.414 116 55	42.157 204 86
COLUMN TOTAL	19.014 142 27	32.997 297 98	43.143 350 151	34.981 789 276

PERCENTAGE OF CAREGIVERS WHO PROVIDE EVENING CARE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	27.778 18 5	46.479 71 33	59.184 49 29	48.551 138 67
BLACK	45.000 20 9	28.205 39 11	33.333 18 6	33.766 77 26
HISPANIC	39.130 23 9	45.455 22 10	50.000 36 18	45.679 31 37
COLUMN TOTAL	37.705 61 23	40.909 132 54	51.456 103 53	43.919 296 130

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	8.696 23 2	19.048 21 4	24.138 29 7	17.808 73 13
BLACK	2.703 37 1	25.641 39 10	30.303 33 10	19.266 109 21
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	5.000 60 3	23.333 60 14	27.419 62 17	18.681 182 34

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	27.869 61 17	43.860 57 25	35.593 118 42
BLACK	0.000 9	15.385 13 2	39.583 48 19	30.000 70 21
HISPANIC	8.333 12 1	35.484 31 11	46.250 80 37	39.837 123 49
COLUMN TOTAL	4.762 21 1	28.571 105 30	43.784 185 81	36.013 311 112

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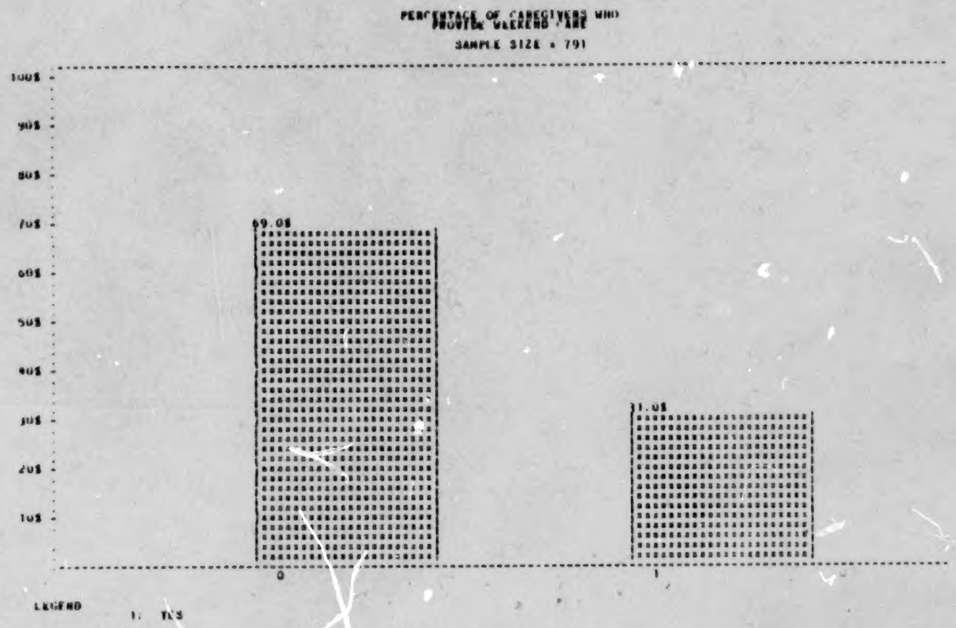

PERCENTAGE OF CAREGIVERS WHO PROVIDE WEEKEND CARE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	24.390 41 10	28.105 153 43	41.481 135 56	33.131 329 109
BLACK	9.091 66 6	22.826 92 21	29.703 101 30	22.008 259 57
HISPANIC	32.353 34 11	35.849 53 19	42.241 116 49	38.916 203 79
COLUMN TOTAL	19.149 141 27	27.852 298 83	38.352 352 135	30.973 791 245

PERCENTAGE OF CAREGIVERS WHO PROVIDE WEEKEND CARE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	27.778	42.254	51.020	43.478
	18	71	49	138
	5	30	25	60
BLACK	30.000	25.000	30.000	27.500
	20	40	20	80
	6	10	6	22
HISPANIC	40.909	45.455	38.889	41.250
	22	22	36	80
	9	10	14	33
COLUMN TOTAL	33.333	37.594	42.857	38.591
	60	133	105	298
	20	50	45	115

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	21.739	4.762	27.586	19.178
	23	21	29	73
	5	1	8	14
BLACK	0.000	17.949	27.273	14.679
	37	39	33	109
		7	9	16
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	8.333	13.333	27.419	16.484
	60	60	62	182
	5	8	17	30

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	19.672	40.351	29.661
	----	61	57	118
	----	12	23	35
BLACK	0.000	30.769	31.250	27.143
	9	13	48	70
		4	15	19
HISPANIC	16.667	29.032	43.750	37.398
	12	31	80	123
	2	9	35	46
COLUMN TOTAL	9.524	23.810	39.459	32.154
	21	105	185	311
	2	25	73	100

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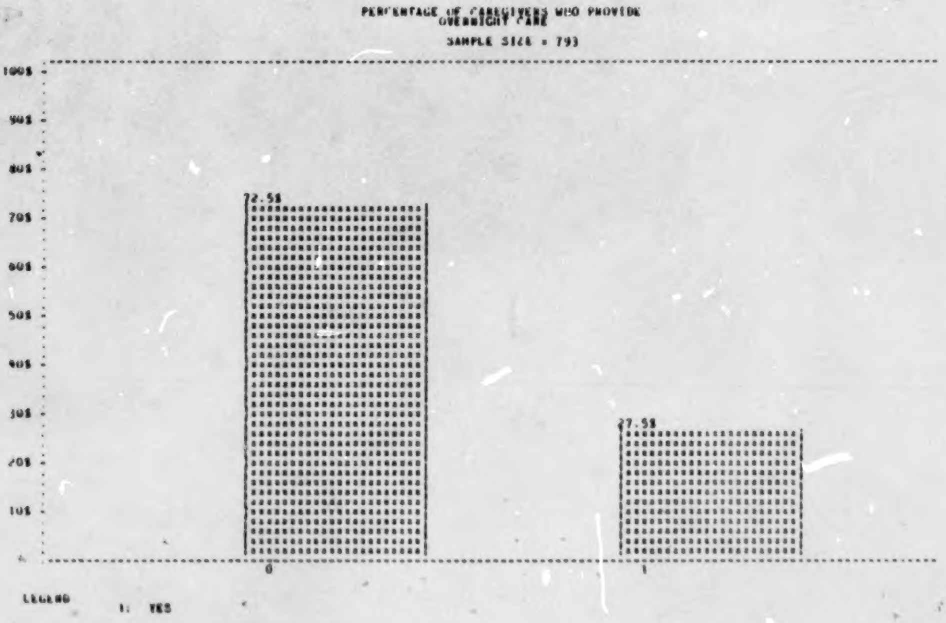

PERCENTAGE OF CAREGIVERS WHO PROVIDE OVERNIGHT CARE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	21.951 41 9	27.451 153 42	40.000 135 54	31.915 329 105
BLACK	10.606 66 7	29.348 92 27	25.743 101 26	23.166 259 60
HISPANIC	13.889 36 5	22.642 53 12	31.034 116 36	25.854 205 53
COLUMN TOTAL	14.685 143 21	27.181 298 81	32.955 352 116	27.491 793 218

PERCENTAGE OF CAREGIVERS WHO PROVIDE OVERNIGHT CARE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	38.889 18 7	39.437 71 28	57.143 49 28	45.652 138 63
BLACK	30.000 20 6	27.500 40 11	25.000 20 5	27.500 80 22
HISPANIC	16.667 24 4	27.273 22 6	36.111 36 13	28.049 82 23
COLUMN TOTAL	27.419 62 17	33.835 133 45	43.810 105 46	36.000 300 108

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	8.696 23 2	14.286 21 3	24.138 29 7	16.438 73 12
BLACK	2.703 37 1	33.333 39 13	27.273 33 9	21.101 109 23
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	5.000 60 3	26.667 60 16	25.806 62 16	19.231 182 35

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	18.033 61 11	33.333 57 19	25.424 118 30
BLACK	0.000 9	23.077 13 3	25.000 48 12	21.429 70 15
HISPANIC	8.333 12 1	19.355 31 6	28.750 80 23	24.390 123 30
COLUMN TOTAL	4.762 21 1	19.048 105 20	29.189 185 54	24.116 311 75

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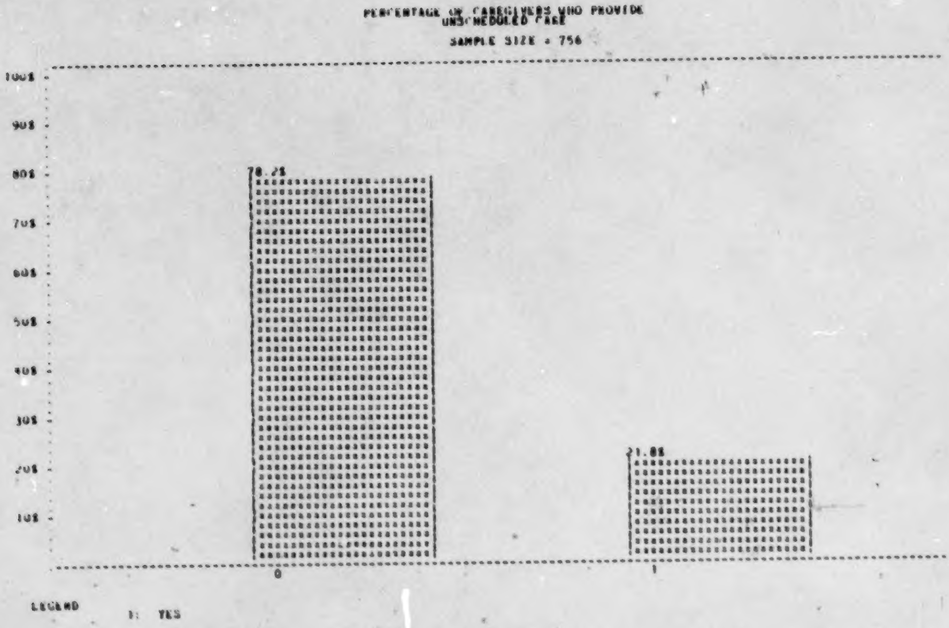

PERCENTAGE OF CAREGIVERS WHO PROVIDE UNSCHEDULED CARE

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	19.512 41 8	26.573 143 38	26.230 122 32	25.490 306 78
BLACK	1.515 66 1	25.000 92 23	23.469 98 23	18.359 256 47
HISPANIC	8.571 35 3	23.077 52 12	23.364 107 25	20.619 194 40
COLUMN TOTAL	8.451 142 12	25.436 287 73	24.465 327 80	21.825 756 165

PERCENTAGE OF CAREGIVERS WHO PROVIDE UNSCHEDULED CARE

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	11.111	14.085	10.204	12.319
	18	71	49	138
	2	10	5	17
BLACK	0.000	7.500	15.000	7.500
	20	40	20	80
		3	3	6
HISPANIC	4.167	9.091	5.556	6.098
	24	22	36	82
	1	2	2	5
COLUMN TOTAL	4.839	11.278	9.524	9.333
	62	133	105	300
	3	15	10	28

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	26.087	31.579	24.138	26.761
	23	19	29	71
	6	6	7	19
BLACK	2.703	38.462	29.032	23.364
	37	39	31	107
	1	15	9	25
HISPANIC	----	----	----	----
	----	----	----	----
	----	----	----	----
COLUMN TOTAL	11.667	36.207	26.667	24.719
	60	58	60	178
	7	21	16	44

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	----	41.509	45.455	43.299
	----	53	44	97
	----	22	20	42
BLACK	0.000	38.462	23.404	23.188
	9	13	47	69
		5	11	16
HISPANIC	18.182	33.333	32.394	31.250
	11	30	71	112
	2	10	23	35
COLUMN TOTAL	10.000	38.542	33.333	33.453
	20	96	162	278
	2	37	54	93

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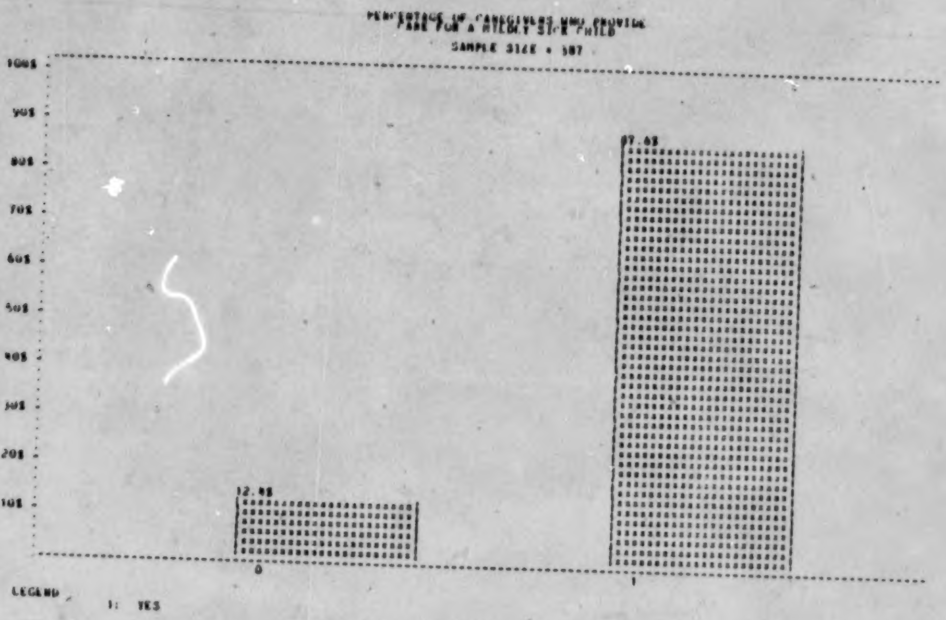

PERCENTAGE OF CAREGIVERS WHO PROVIDE CARE FOR A MILDLY SICK CHILD

ACROSS SITES'

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.842 19 0.375	0.852 81 0.357	0.896 77 0.307	0.870 177 0.337
BLACK	0.850 20 0.366	0.881 42 0.328	1.000 31 0.000	0.914 93 0.282
HISPANIC	0.958 24 0.204	0.852 27 0.362	0.818 66 0.389	0.855 117 0.354
COLUMN TOTAL	0.889 63 0.317	0.860 150 0.348	0.885 174 0.320	0.876 387 0.330

PERCENTAGE OF CAREGIVERS WHO PROVIDE CARE FOR A MILDLY SICK CHILD

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.833 18 0.383	0.859 71 0.350	0.898 49 0.306	0.870 138 0.338
BLACK	0.850 20 0.366	0.875 40 0.335	1.000 20 0.000	0.900 80 0.302
HISPANIC	0.958 24 0.204	0.909 22 0.294	0.750 36 0.439	0.854 82 0.356
COLUMN TOTAL	0.887 62 0.319	0.872 133 0.335	0.867 105 0.342	0.873 300 0.333

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.000 1 0.000	1.000 1 0.000	0.857 7 0.378	0.889 9 0.333
BLACK	0.000 0 0.000	1.000 2 0.000	1.000 7 0.000	1.000 9 0.000
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.000 1 0.000	1.000 3 0.000	0.929 14 0.267	0.944 18 0.235

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.905 21 0.301	0.867 30 0.346	
BLACK	0.000 0 0.000	1.000 4 0.000	1.000 4 0.000	
HISPANIC	0.600 5 0.548	0.900 30 0.305	0.857 35 0.355	
COLUMN TOTAL	0.714 14 0.469	0.909 55 0.290	0.870 69 0.339	

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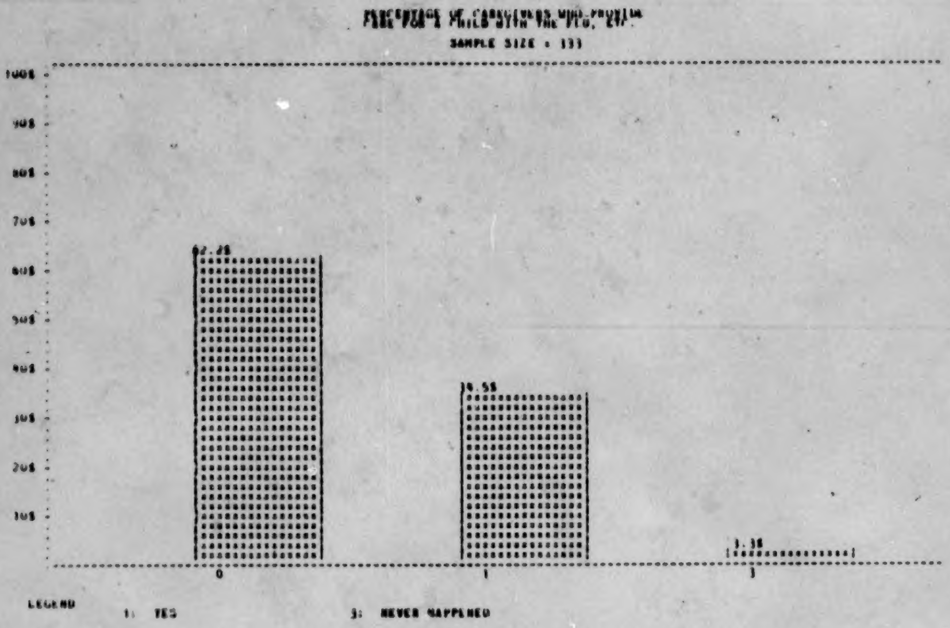

PERCENTAGE OF CAREGIVERS WHO PROVIDE CARE FOR A CHILD WITH THE FLU, ETC.

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.188 16 0.403	0.290 69 0.457	0.456 68 0.781	0.353 153 0.623
BLACK	0.647 17 0.493	0.265 34 0.448	0.484 31 0.508	0.427 82 0.498
HISPANIC	0.227 22 0.429	0.435 23 0.896	0.830 53 0.849	0.602 98 0.822
COLUMN TOTAL	0.345 55 0.480	0.310 126 0.558	0.592 152 0.775	0.444 333 0.668

PERCENTAGE OF CAREGIVERS WHO PROVIDE CARE FOR A CHILD WITH THE FLU, ETC.

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.133 15 0.352	0.295 61 0.460	0.279 43 0.454	0.269 119 0.445
BLACK	0.647 17 0.493	0.273 33 0.452	0.550 20 0.510	0.443 70 0.500
HISPANIC	0.227 22 0.429	0.200 20 0.410	0.667 27 0.480	0.391 69 0.492
COLUMN TOTAL	0.333 54 0.476	0.272 114 0.447	0.456 90 0.501	0.349 258 0.478

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.000 1 0.000	0.000 1 0.000	0.167 6 0.408	0.250 8 0.463
BLACK	0.000 0 0.000	0.000 1 0.000	0.286 7 0.488	0.250 8 0.463
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.000 1 0.000	0.000 2 0.000	0.231 13 0.439	0.250 16 0.447

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.947 19 1.177	0.769 26 1.070	
BLACK	0.000 0 0.000	0.500 4 0.577	0.500 4 0.577	
HISPANIC	2.000 3 1.732	1.000 26 1.095	1.103 29 1.175	
COLUMN TOTAL	0.800 10 1.229	0.939 49 1.088	0.915 59 1.103	

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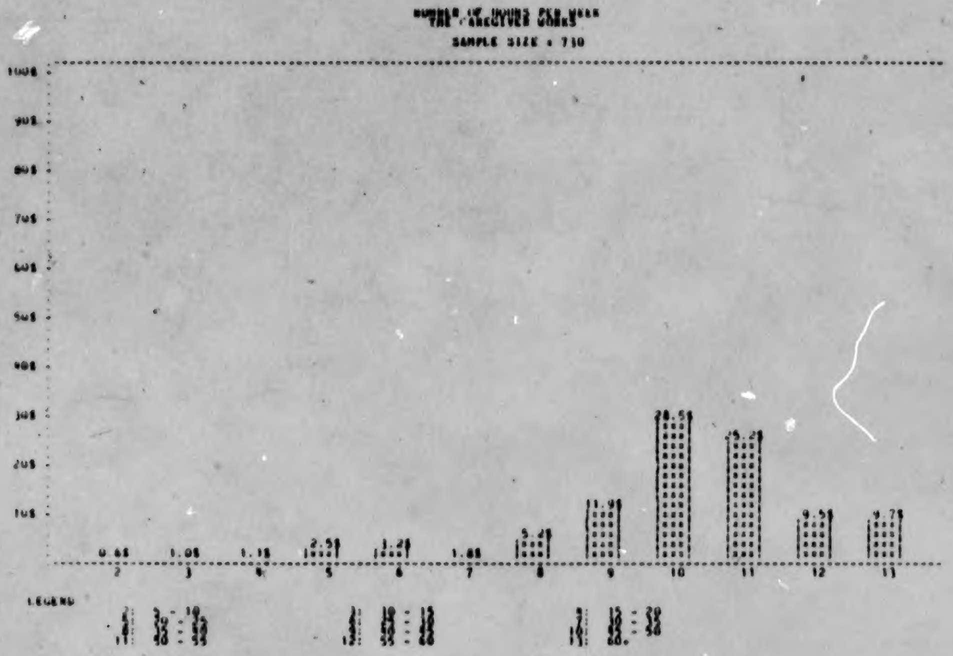

NUMBER OF HOURS PER WEEK THE CAREGIVER WORKS

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	48.700 40 10.754	50.343 139 10.557	48.116 119 18.212	49.233 298 14.137
BLACK	53.022 66 14.154	52.503 88 13.534	48.893 93 14.288	51.283 247 14.056
HISPANIC	51.846 36 7.257	53.322 47 23.242	51.072 102 23.939	51.794 185 21.460
COLUMN TOTAL	51.506 142 11.864	51.548 274 14.399	49.307 314 19.276	50.576 730 16.298

NUMBER OF HOURS PER WEEK THE CAREGIVER WORKS

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	51.722 18 11.255	50.763 71 10.026	49.512 49 18.441	50.444 138 13.668
BLACK	64.277 20 21.250	51.692 40 14.126	43.362 20 9.282	52.756 80 16.863
HISPANIC	52.073 24 8.138	47.662 21 11.315	57.058 36 25.625	53.145 81 18.800
COLUMN TOTAL	55.908 62 15.325	50.551 132 11.594	50.928 105 20.461	51.794 299 16.054

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	46.227 22 9.898	45.565 15 10.580	46.462 24 12.756	46.157 61 11.086
BLACK	47.659 37 3.369	53.210 35 13.567	54.131 27 14.960	51.387 99 11.658
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	47.125 59 6.558	50.917 50 13.124	50.523 51 14.358	49.393 160 11.689

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	51.132 53 11.084	47.492 46 20.490	49.441 99 16.165
BLACK	50.056 9 6.681	53.096 13 12.407	48.223 46 14.872	49.397 68 13.606
HISPANIC	51.391 12 5.364	57.893 26 29.032	47.807 56 22.500	50.742 104 23.358
COLUMN TOTAL	50.819 21 5.843	53.320 92 18.189	47.837 158 19.834	49.929 271 18.690

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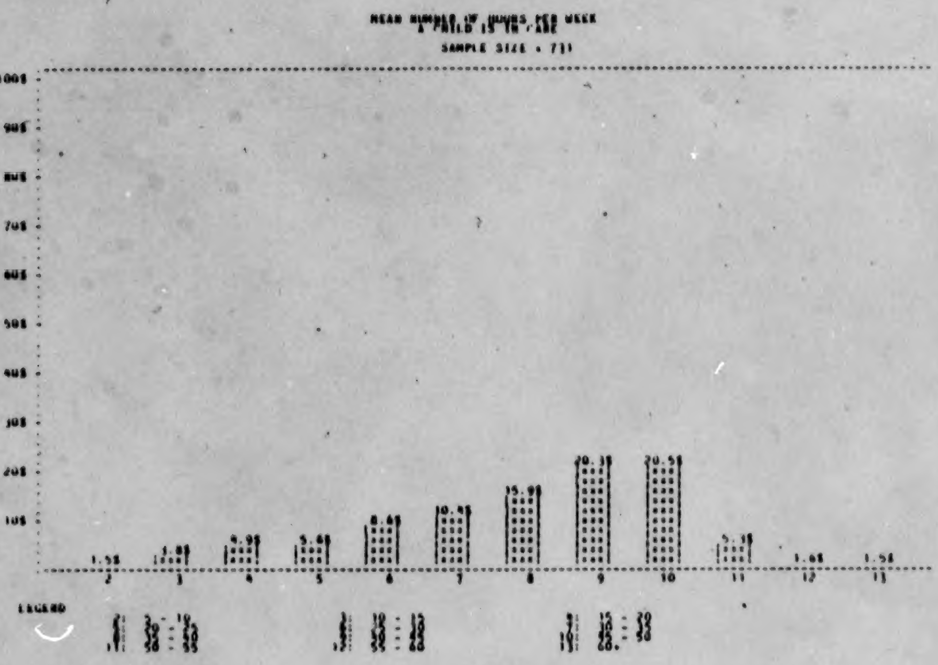

MEAN NUMBER OF HOURS PER WEEK A CHILD IS IN CARE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	36.299 40 10.631	36.644 139 10.667	32.317 119 14.791	34.870 298 12.609
BLACK	41.286 66 6.109	39.875 88 8.825	39.583 93 11.800	40.142 247 9.485
HISPANIC	42.178 36 7.312	38.922 48 10.898	41.065 102 18.162	40.728 186 14.889
COLUMN TOTAL	40.107 142 8.222	38.075 275 10.228	37.311 314 15.667	38.142 731 12.594

MEAN NUMBER OF HOURS PER WEEK A CHILD IS IN CARE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	33.847 18 11.065	35.353 71 11.485	30.755 49 13.780	33.524 138 12.394
BLACK	40.075 20 8.987	38.382 40 10.368	36.401 20 9.101	38.310 80 9.702
HISPANIC	40.829 24 8.458	38.666 22 12.144	43.288 36 13.711	41.328 82 11.978
COLUMN TOTAL	38.559 62 9.777	36.812 133 11.298	36.128 105 14.050	36.933 300 12.054

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	38.305 22 10.070	37.524 15 9.881	29.196 24 14.069	34.529 61 12.369
BLACK	41.260 37 4.546	40.901 35 7.750	37.869 27 11.924	40.208 99 8.261
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	40.158 59 7.185	39.888 50 8.487	33.787 51 13.569	38.043 160 10.366

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	38.123 53 9.662	35.610 46 15.845	36.955 99 12.900
BLACK	44.085 9 2.433	41.706 13 5.561	41.973 46 12.467	42.201 68 10.545
HISPANIC	44.876 12 2.939	39.139 26 9.964	39.853 66 20.175	40.254 104 16.877
COLUMN TOTAL	44.537 21 2.698	38.916 92 9.284	39.235 158 17.066	39.538 271 14.180

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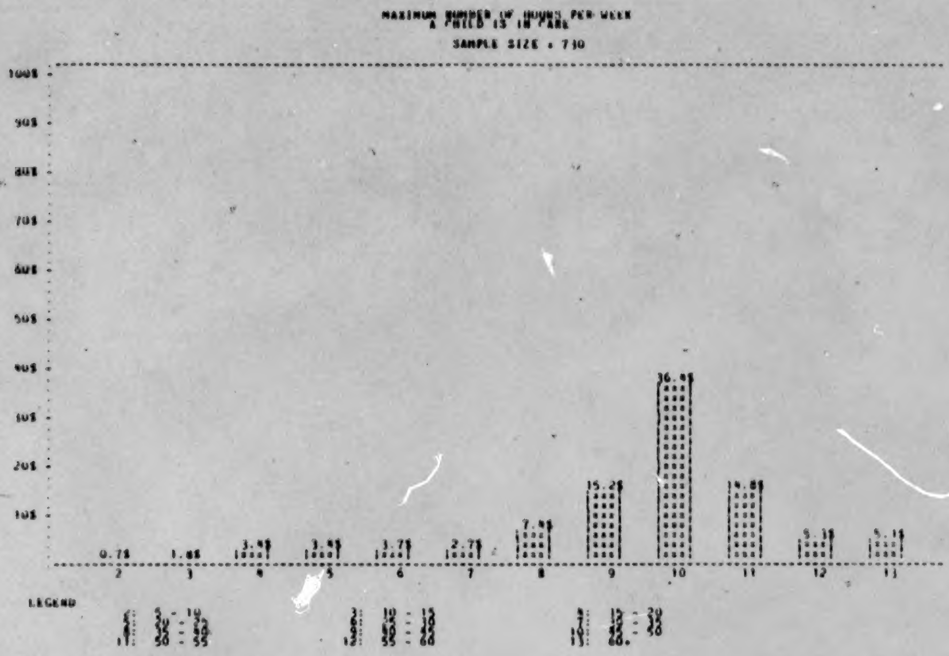

AVERAGE MAXIMUM NUMBER OF HOURS PER WEEK A CHILD IS IN CARE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	46.156 40 9.610	45.900 139 10.208	40.109 119 16.554	43.622 298 13.329
BLACK	48.739 56 8.750	48.547 88 9.905	45.674 92 10.777	47.524 246 10.018
HISPANIC	48.509 36 7.608	49.356 48 22.394	46.937 102 20.688	47.865 186 19.317
COLUMN TOTAL	47.953 142 8.746	47.350 275 13.111	43.970 313 15.897	46.018 730 14.310

AVERAGE MAXIMUM NUMBER OF HOURS PER WEEK A CHILD IS IN CARE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	47.569 18 9.848	45.149 71 10.475	38.394 49 15.220	43.067 138 12.727
BLACK	53.770 20 13.821	46.984 40 10.123	43.145 19 9.521	47.778 79 11.552
HISPANIC	48.563 24 9.175	43.530 22 12.943	51.489 36 22.529	48.497 82 17.243
COLUMN TOTAL	49.954 62 11.202	45.433 133 10.793	43.795 104 18.191	45.801 299 14.025

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	45.000 22 9.482	44.060 15 10.143	38.696 24 14.164	42.289 61 11.875
BLACK	46.392 37 3.467	49.943 35 9.857	47.326 27 9.265	47.902 99 7.958
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	45.873 59 5.362	48.178 50 10.209	43.265 51 12.484	45.762 160 9.987

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	47.427 53 9.850	42.672 46 18.921	45.218 99 14.884
BLACK	47.211 9 4.788	49.596 13 9.382	45.750 46 12.028	46.679 68 10.861
HISPANIC	48.402 12 2.854	54.285 26 27.331	44.454 66 19.340	47.367 104 20.877
COLUMN TOTAL	47.891 21 3.744	49.672 92 16.771	44.312 158 17.330	46.409 271 16.639

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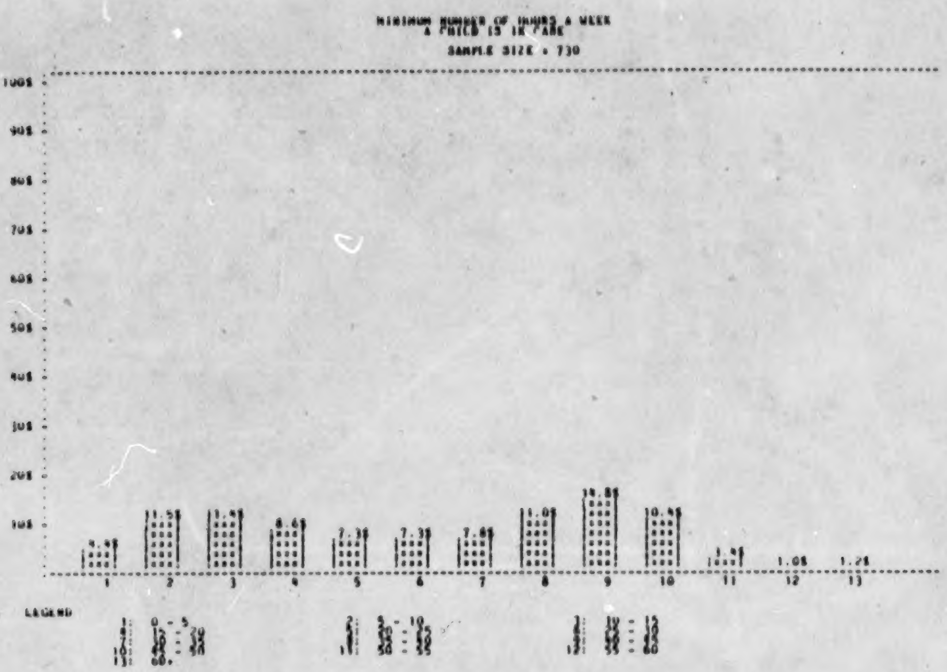

AVERAGE MINIMUM NUMBER OF HOURS A WEEK A CHILD IS IN CARE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	26.236 40 15.505	25.754 139 15.240	24.730 119 17.282	25.410 298 16.077
BLACK	32.313 56 12.488	30.261 88 14.127	32.671 92 16.906	31.713 246 14.819
HISPANIC	33.426 36 11.224	28.268 48 15.537	36.473 102 20.217	33.765 186 17.894
COLUMN TOTAL	30.883 142 13.356	27.635 275 15.028	30.891 313 18.821	29.663 730 16.537

AVERAGE MINIMUM NUMBER OF HOURS A WEEK A CHILD IS IN CARE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	20.500 18 13.631	24.580 71 15.631	23.928 49 15.651	23.816 138 15.345
BLACK	24.170 20 14.807	28.530 40 15.124	28.387 19 12.383	27.392 79 14.378
HISPANIC	30.528 24 11.031	31.355 22 14.904	38.454 36 14.925	34.230 82 14.235
COLUMN TOTAL	25.566 62 13.559	26.888 133 15.476	29.771 104 16.112	27.617 299 15.368

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	30.929 22 15.646	29.253 15 13.868	19.832 24 16.889	26.151 61 16.329
BLACK	34.885 37 10.109	30.293 35 14.725	27.309 27 18.435	31.195 99 14.578
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	33.410 59 12.482	29.981 50 14.339	23.791 51 17.948	29.272 160 15.416

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	26.338 53 15.164	28.141 46 18.727	27.176 99 16.848
BLACK	39.833 9 5.148	35.500 13 7.032	37.587 46 16.449	37.485 68 13.973
HISPANIC	39.221 12 9.563	25.656 26 15.868	35.392 66 22.622	33.400 104 20.383
COLUMN TOTAL	39.483 21 7.810	27.440 92 14.764	33.920 158 20.114	32.151 271 18.078

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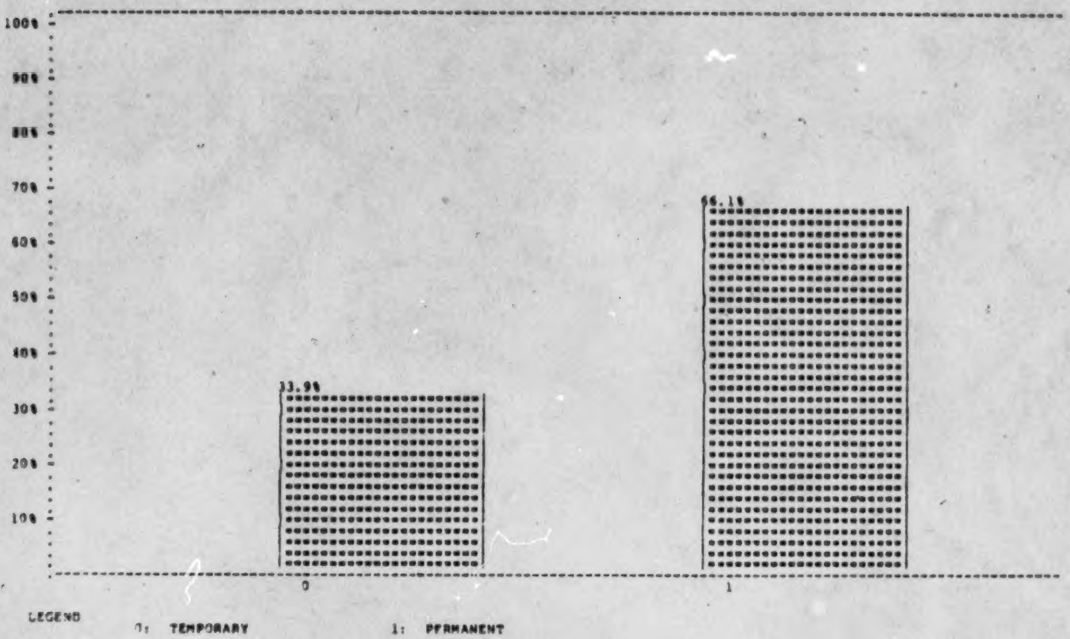
PERCENTAGE OF CAREGIVERS WHO CONSIDER
FAMILY DAY CARE PERMANENT WORK

SAMPLE SIZE = 622



PERCENTAGE OF CAREGIVERS WHO CONSIDER FAMILY DAY CARE PERMANENT WORK

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	76.316 38 29	74.490 98 73	57.143 98 56	67.521 234 158
BLACK	85.246 61 52	92.308 65 60	54.737 95 52	74.208 221 164
HISPANIC	85.714 28 24	65.116 43 28	38.542 96 37	53.293 167 89
COLUMN TOTAL	82.677 127 105	78.155 206 161	50.173 289 145	66.077 622 411

PERCENTAGE OF CAREGIVERS WHO CONSIDER FAMILY DAY CARE PERMANENT WORK

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	60.000 15 9	50.000 16 8	78.571 14 11	62.222 45 28
BLACK	93.750 16 15	100.000 14 14	57.143 14 8	84.091 44 37
HISPANIC	75.000 16 12	83.333 12 10	43.750 16 7	65.909 44 29
COLUMN TOTAL	76.596 47 36	76.190 42 32	59.091 44 26	70.677 133 94

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	86.957 23 20	76.190 21 16	62.069 29 18	73.973 73 54
BLACK	83.333 36 30	92.105 38 35	57.576 33 19	78.505 107 84
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	84.746 59 50	86.441 59 51	59.677 62 37	76.667 180 138

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	80.328 61 49	49.091 55 27	65.517 116 76
BLACK	77.778 9 7	84.615 13 11	52.083 48 25	61.429 70 43
HISPANIC	100.000 12 12	58.065 31 18	37.500 80 30	48.780 123 60
COLUMN TOTAL	90.476 21 19	74.286 105 78	44.809 183 82	57.929 309 179

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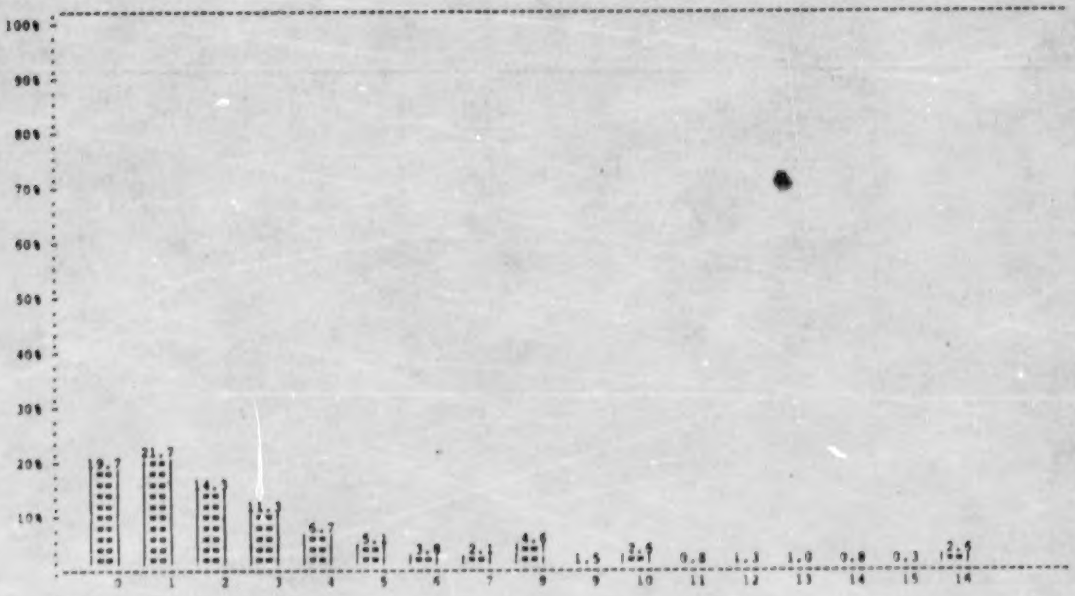
NUMBER OF YEARS CAREGIVER HAS BEEN LICENSED / REGISTERED

SAMPLE SIZE = 391



LEGEND 16: 16 AND OVER

NUMBER OF YEARS CAREGIVER HAS BEEN LICENSED / REGISTERED

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.307 22 5.514	3.894 153 4.400	0.050 2 0.042	4.026 177 4.555
BLACK	3.188 44 2.467	4.796 92 5.173	0.000 0 0.000	4.276 136 4.533
HISPANIC	2.457 28 2.753	2.717 52 2.928	0.000 0 0.000	2.626 80 2.853
COLUMN TOTAL	3.466 94 3.609	3.967 297 4.487	0.050 2 0.042	3.827 393 4.291

NUMBER OF YEARS CAREGIVER HAS BEEN LICENSED / REGISTERED

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.554 17 5.974	5.291 71 4.352	5.342 88 4.670	
BLACK	2.650 20 2.504	6.846 40 5.969	5.447 60 5.436	
HISPANIC	2.341 22 2.775	4.437 21 3.606	3.364 43 3.341	
COLUMN TOTAL	3.372 59 4.082	5.627 132 4.843	4.930 191 4.727	

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.468 5 3.966	5.774 21 7.175	5.523 26 6.631	
BLACK	3.886 16 2.474	3.073 39 2.960	3.309 55 2.829	
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	4.025 21 2.793	4.018 60 4.978	4.020 81 4.497	

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.620 61 0.989	0.050 2 0.042	1.570 63 1.012
BLACK	3.133 8 2.302	3.660 13 5.860	0.000 0 0.000	3.459 21 4.746
HISPANIC	2.883 5 2.885	1.551 31 1.559	0.000 0 0.000	1.767 37 1.852
COLUMN TOTAL	3.025 14 2.464	1.852 105 2.386	0.050 2 0.042	1.958 121 2.408

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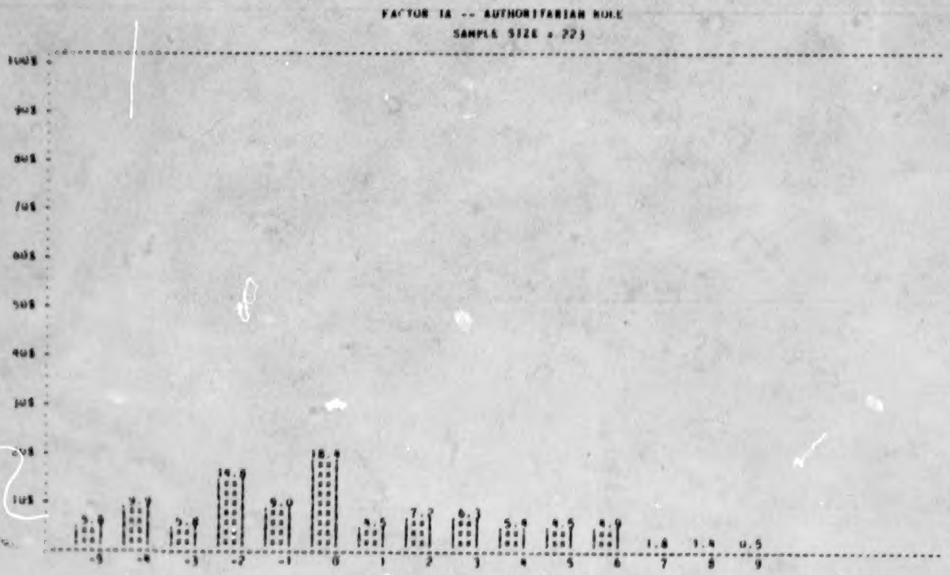

FACTOR 1A -- AUTHORITARIAN ROLE (PHILADELPHIA AND SAN ANTONIO ONLY)

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.939 19 3.688	1.287 36 3.549	1.701 41 3.971	1.791 96 3.771
BLACK	-0.107 29 3.361	-2.156 25 2.485	-2.151 29 2.502	-1.438 83 2.961
HISPANIC	-1.539 8 3.692	0.398 19 3.820	-2.798 16 2.467	-1.152 43 3.584
COLUMN TOTAL	0.722 56 3.840	-0.000 80 3.612	-0.435 86 3.849	0.014 222 3.773

FACTOR 1A -- AUTHORITARIAN ROLE (PHILADELPHIA AND SAN ANTONIO ONLY)

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
BLACK	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.939 19 3.688	0.862 13 4.496	3.162 17 4.380	2.465 49 4.184
BLACK	0.072 25 3.538	-2.038 20 2.471	-1.694 13 2.285	-1.051 58 3.065
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.310 44 3.840	-0.896 33 3.644	1.058 30 4.328	0.559 107 4.010

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.527 23 2.974	0.666 24 3.374	1.087 47 3.180
BLACK	-1.228 4 1.834	-2.625 5 2.776	-2.523 16 2.679	-2.336 25 2.537
HISPANIC	-1.539 8 3.692	0.398 19 3.820	-2.798 16 2.467	-1.152 43 3.584
COLUMN TOTAL	-1.435 12 3.101	0.629 47 3.491	-1.235 56 3.339	-0.494 115 3.479

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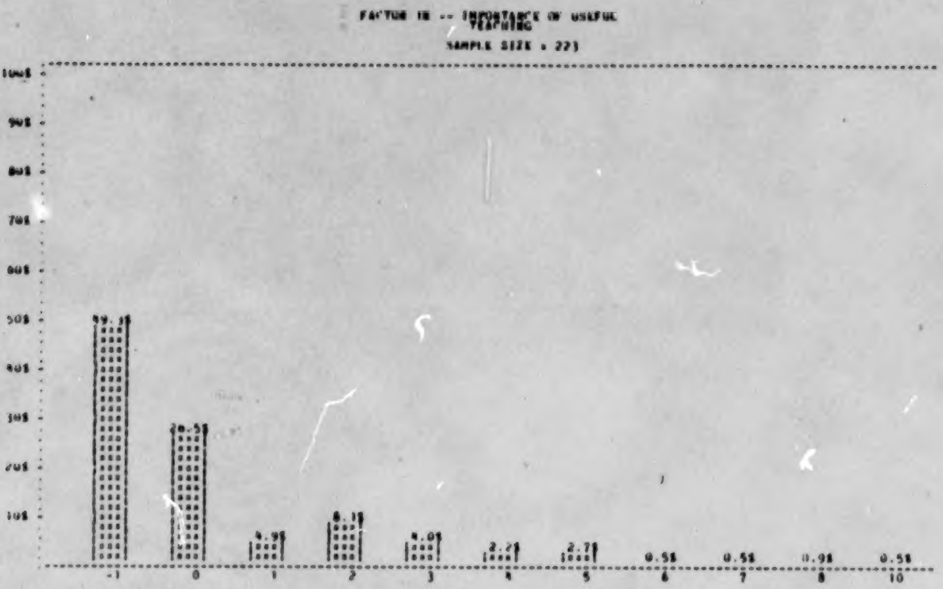

FACTOR 1B -- IMPORTANCE OF USEFUL TEACHING
(PHILADELPHIA AND SAN ANTONIO ONLY)

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.050 19 2.220	0.728 36 2.571	1.356 41 3.028	1.060 96 2.704
BLACK	-0.491 29 2.072	-1.017 25 1.123	-1.010 29 1.046	-0.831 83 1.507
HISPANIC	-1.470 8 0.441	-0.173 19 2.185	-0.880 16 1.854	-0.677 43 1.886
COLUMN TOTAL	-0.108 56 2.153	-0.031 80 2.231	0.142 86 2.577	0.017 222 2.345

FACTOR 1B -- IMPORTANCE OF USEFUL TEACHING (PHILADELPHIA AND SAN ANTONIO ONLY)

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
BLACK	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.050 19 2.220	0.320 13 2.367	1.564 17 3.334	1.034 49 2.682
BLACK	-0.359 25 2.198	-1.011 20 1.191	-1.259 13 0.746	-0.786 58 1.665
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.249 44 2.293	-0.487 33 1.838	0.340 30 2.896	0.048 107 2.362

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.959 23 2.703	1.208 24 2.856	1.086 47 2.755
BLACK	-1.314 4 0.623	-1.040 5 0.915	-0.808 16 1.224	-0.935 25 1.078
HISPANIC	-1.470 8 0.441	-0.173 19 2.185	-0.880 16 1.854	-0.677 43 1.886
COLUMN TOTAL	-1.418 12 0.485	0.289 47 2.437	0.036 56 2.410	-0.013 115 2.338

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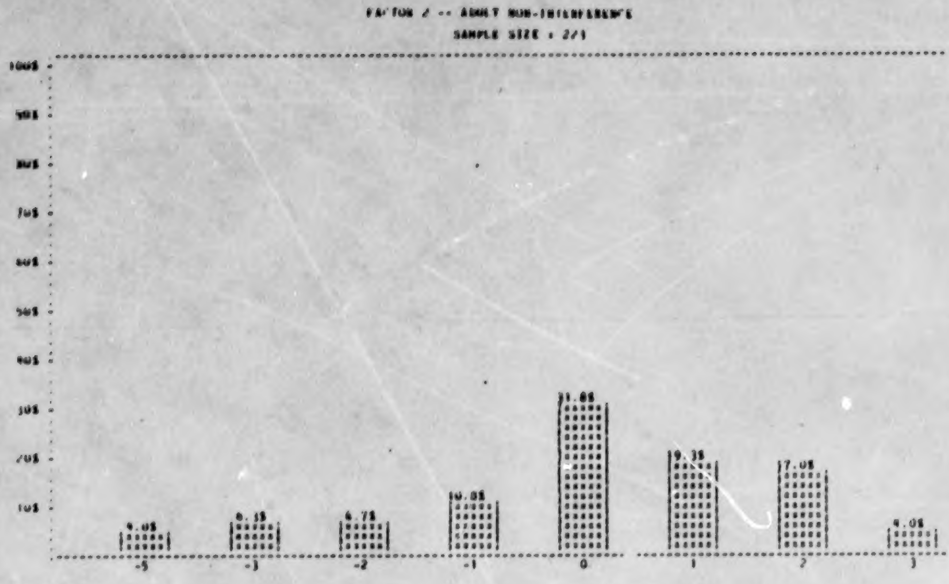

FACTOR 2 -- ADULT NON-INTERFERENCE
(PHILADELPHIA AND SAN ANTONIO ONLY)

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.676 19 2.281	0.028 36 2.229	-0.007 41 2.070	0.141 96 2.166
BLACK	0.536 29 1.482	-0.607 25 2.114	0.320 29 2.216	0.116 83 1.993
HISPANIC	-1.650 8 2.305	0.855 19 2.030	-1.212 16 1.650	-0.380 43 2.210
COLUMN TOTAL	0.271 56 2.032	0.026 80 2.189	-0.121 86 2.100	0.031 222 2.112

FACTOR 2 -- ADULT NON-INTERFERENCE
(PHILADELPHIA AND SAN ANTONIO ONLY)

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
BLACK	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.676 19 2.281	0.263 13 2.291	-0.338 17 2.497	0.215 49 2.353
BLACK	0.328 25 1.475	-0.679 20 1.931	0.406 13 2.159	-0.002 58 1.840
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.478 44 1.850	-0.308 33 2.097	-0.016 30 2.347	0.097 107 2.083

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	-0.105 23 2.235	0.228 24 1.725	0.065 47 1.976
BLACK	1.839 4 0.683	-0.323 5 2.996	0.250 16 2.329	0.389 25 2.326
HISPANIC	-1.650 8 2.305	0.855 19 2.030	-1.212 16 1.650	-0.380 43 2.210
COLUMN TOTAL	-0.487 12 2.541	0.260 47 2.243	-0.177 56 1.975	-0.031 115 2.146

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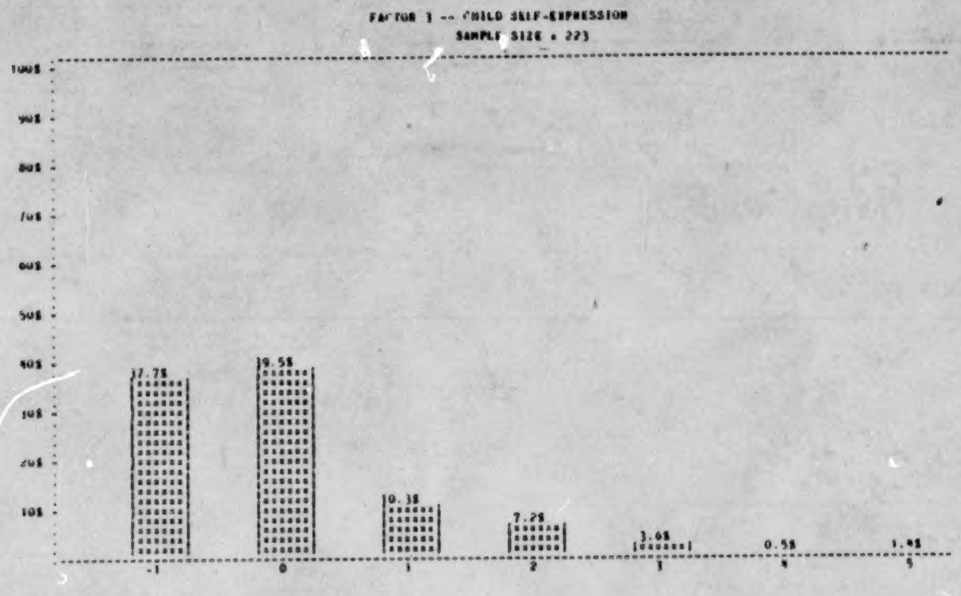

FACTOR 3 -- CHILD SELF-EXPRESSION (PHILADELPHIA AND SAN ANTONIO ONLY)

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.885 19 2.238	0.305 36 1.889	0.398 41 1.461	0.459 96 1.791
BLACK	-0.822 29 1.006	-0.094 25 1.524	0.159 29 1.753	-0.260 83 1.502
HISPANIC	-1.089 8 0.406	-0.530 19 1.033	-0.342 16 1.135	-0.564 43 1.008
COLUMN TOTAL	-0.281 56 1.701	-0.018 80 1.626	0.179 86 1.523	-0.008 222 1.609

FACTOR 3 -- CHILD SELF-EXPRESSION
(PHILADELPHIA AND SAN ANTONIO ONLY)

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
BLACK	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.885 19 2.238	0.391 13 2.276	0.046 17 1.252	0.463 49 1.957
BLACK	-0.980 25 0.870	-0.343 20 1.400	0.490 13 2.068	-0.430 58 1.484
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	-0.174 44 1.842	-0.054 33 1.800	0.238 30 1.639	-0.021 107 1.766

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.256 23 1.687	0.647 24 1.570	0.456 47 1.623
BLACK	0.160 4 1.375	0.903 5 1.755	-0.110 16 1.462	0.136 25 1.500
HISPANIC	-1.089 8 0.406	-0.530 19 1.033	-0.342 16 1.135	-0.564 43 1.008
COLUMN TOTAL	-0.673 12 0.999	0.007 47 1.511	0.148 56 1.471	0.005 115 1.456

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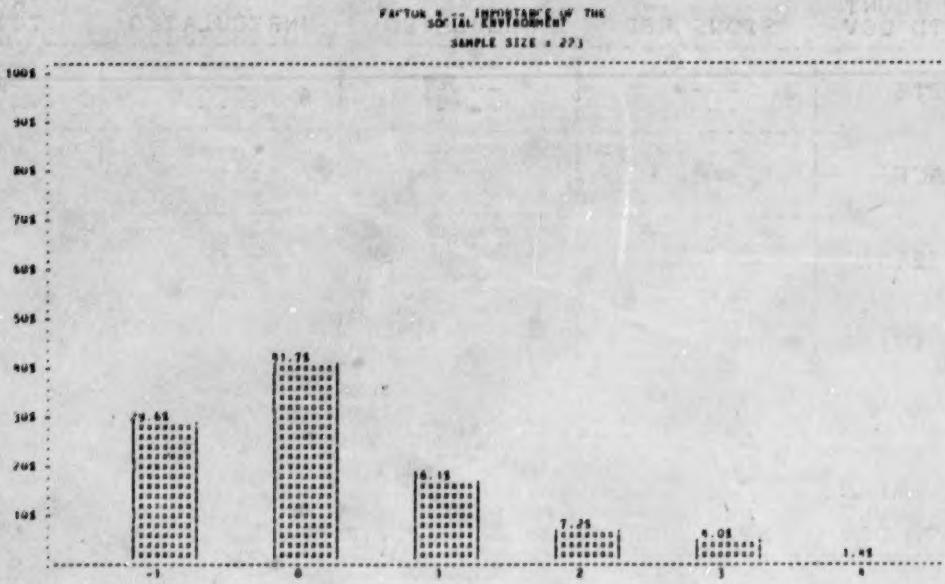

FACTOR 4 -- IMPORTANCE OF THE SOCIAL ENVIRONMENT (PHILADELPHIA AND SAN ANTONIO ONLY)

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	-0.131 19 1.381	-0.181 36 1.353	0.138 41 1.331	-0.035 96 1.343
BLACK	-0.069 29 1.604	-0.502 25 1.671	0.763 29 1.644	0.091 83 1.701
HISPANIC	-0.885 8 1.392	0.204 19 1.700	0.319 16 2.004	0.044 43 1.789
COLUMN TOTAL	-0.207 56 1.503	-0.190 80 1.545	0.382 86 1.585	0.028 222 1.569

FACTOR 4 -- IMPORTANCE OF THE SOCIAL ENVIRONMENT (PHILADELPHIA AND SAN ANTONIO ONLY)

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
BLACK	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	-0.131 19 1.381	-0.418 13 1.271	0.096 17 1.367	-0.128 49 1.335
BLACK	-0.069 25 1.581	-0.567 20 1.592	0.559 13 1.699	-0.135 58 1.648
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	-0.096 44 1.481	-0.569 33 1.458	0.296 30 1.510	-0.132 107 1.506

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	-0.047 23 1.407	0.169 24 1.334	0.063 47 1.360
BLACK	-0.072 4 2.005	0.162 5 2.006	0.929 16 1.633	0.615 25 1.740
HISPANIC	-0.885 8 1.392	0.204 19 1.700	0.319 16 2.004	0.044 43 1.789
COLUMN TOTAL	-0.614 12 1.578	0.076 47 1.563	0.429 56 1.635	0.176 115 1.618

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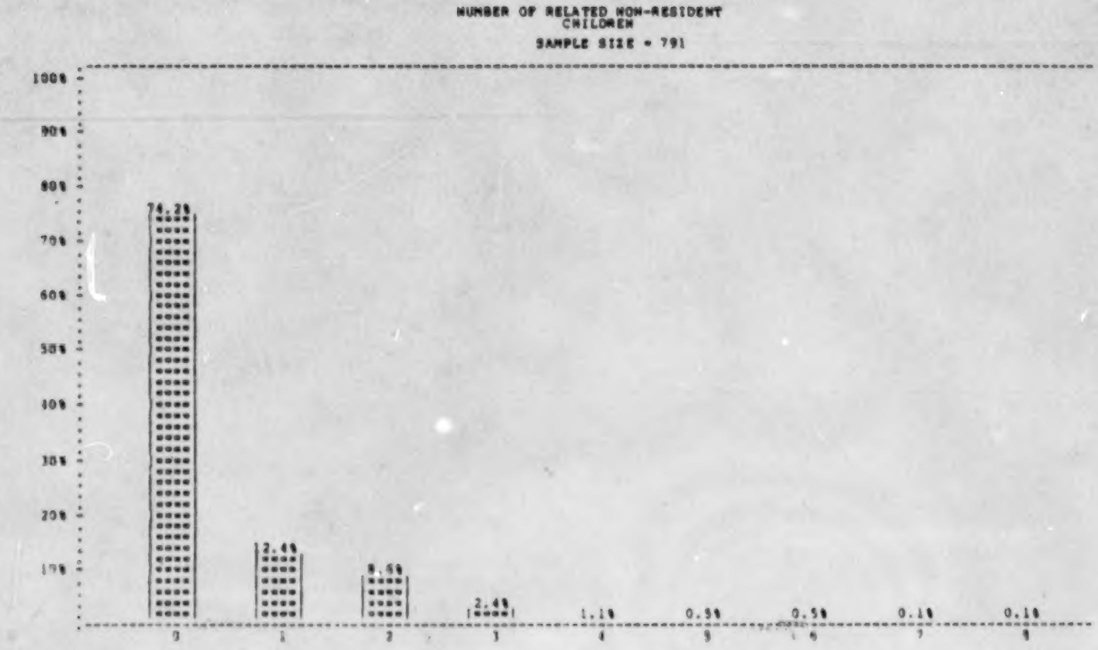

NUMBER OF RELATED NON-RESIDENT CHILDREN

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.17 40 0.71	0.22 153 0.82	0.36 135 0.71	0.27 328 0.76
BLACK	0.15 56 0.59	0.28 92 0.68	0.94 101 1.36	0.51 259 1.04
HISPANIC	0.33 36 0.89	0.34 53 0.96	1.17 115 1.43	0.81 204 1.30
COLUMN TOTAL	0.20 142 0.71	0.26 298 0.81	0.79 351 1.23	0.49 791 1.04

NUMBER OF RELATED NON-RESIDENT CHILDREN

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.29 17 0.99	0.08 71 0.41	0.18 49 0.53	0.15 137 0.55
BLACK	0.45 20 1.00	0.35 40 0.83	1.15 20 1.46	0.57 80 1.10
HISPANIC	0.38 24 1.01	0.27 22 0.63	1.31 36 1.79	0.76 82 1.42
COLUMN TOTAL	0.38 61 0.99	0.20 133 0.61	0.75 105 1.37	0.43 299 1.04

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.09 23 0.42	0.43 21 1.25	0.31 29 0.66	0.27 73 0.82
BLACK	0.03 37 0.16	0.18 39 0.51	0.30 33 0.73	0.17 109 0.52
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.05 60 0.29	0.27 60 0.84	0.31 62 0.69	0.21 182 0.66

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.31 61 0.98	0.54 57 0.83	0.42 118 0.91
BLACK	0.00 9 0.00	0.38 13 0.65	1.29 48 1.50	0.96 70 1.37
HISPANIC	0.25 12 0.62	0.39 31 1.15	1.11 79 1.25	0.84 122 1.23
COLUMN TOTAL	0.14 21 0.48	0.34 105 0.99	0.98 184 1.24	0.71 310 1.17

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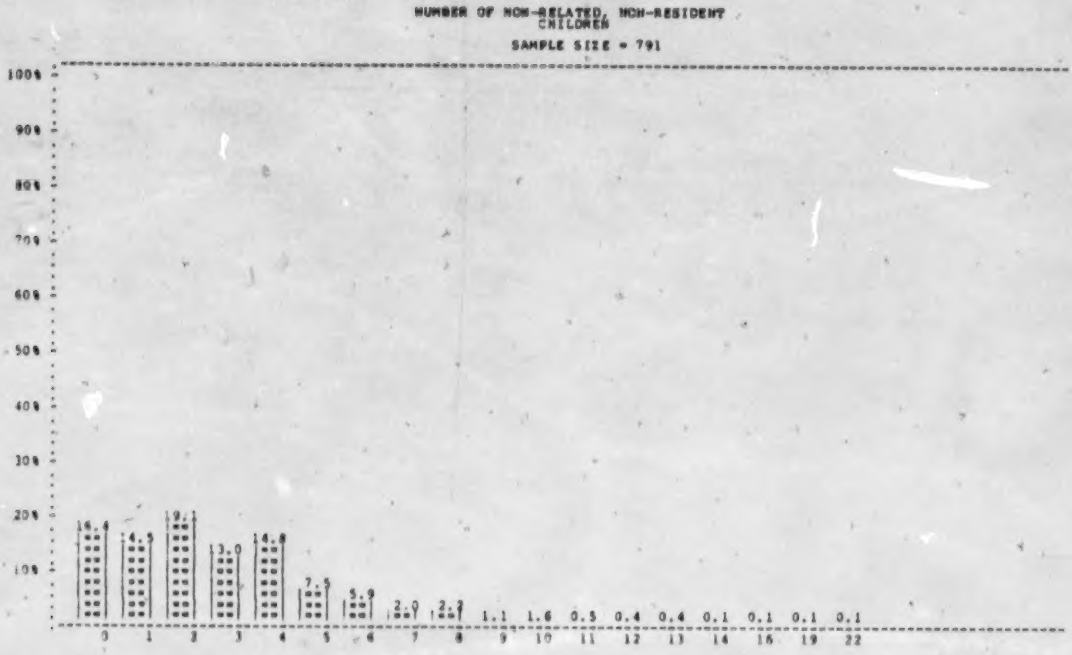

NUMBER OF NON-RELATED, NON-RESIDENT CHILDREN

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.17 40 2.48	4.15 153 2.46	2.73 135 2.75	3.57 328 2.67
BLACK	4.42 66 2.93	3.58 92 2.46	2.33 101 3.27	3.31 259 3.03
HISPANIC	3.44 35 1.73	3.04 53 2.52	0.94 115 1.16	1.93 204 2.04
COLUMN TOTAL	4.11 142 2.56	3.78 298 2.50	2.03 351 2.64	3.06 791 2.73

NUMBER OF NON-RELATED, NON-RESIDENT CHILDREN

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.53 17 2.65	4.08 71 2.32	2.80 49 2.22	3.80 137 2.47
BLACK	6.40 20 4.60	2.88 40 1.95	1.65 20 1.73	3.45 80 3.30
HISPANIC	3.54 24 1.72	2.59 22 1.89	0.89 36 0.92	2.12 82 1.86
COLUMN TOTAL	5.03 61 3.36	3.47 133 2.23	1.92 105 1.96	3.25 299 2.67

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.17 23 1.83	3.62 21 2.91	3.45 29 3.07	3.41 73 2.56
BLACK	3.57 37 0.87	4.03 39 2.56	4.61 33 4.39	4.05 109 2.91
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	3.42 60 1.32	3.88 60 2.67	4.06 62 3.84	3.79 182 2.82

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	4.41 61 2.46	2.32 57 2.95	3.40 118 2.89
BLACK	3.56 9 1.33	4.38 13 3.10	1.04 48 1.70	1.99 70 2.42
HISPANIC	3.25 12 1.82	3.35 31 2.87	0.96 79 1.26	1.80 122 2.15
COLUMN TOTAL	3.38 21 1.60	4.10 105 2.68	1.40 184 2.11	2.45 310 2.62

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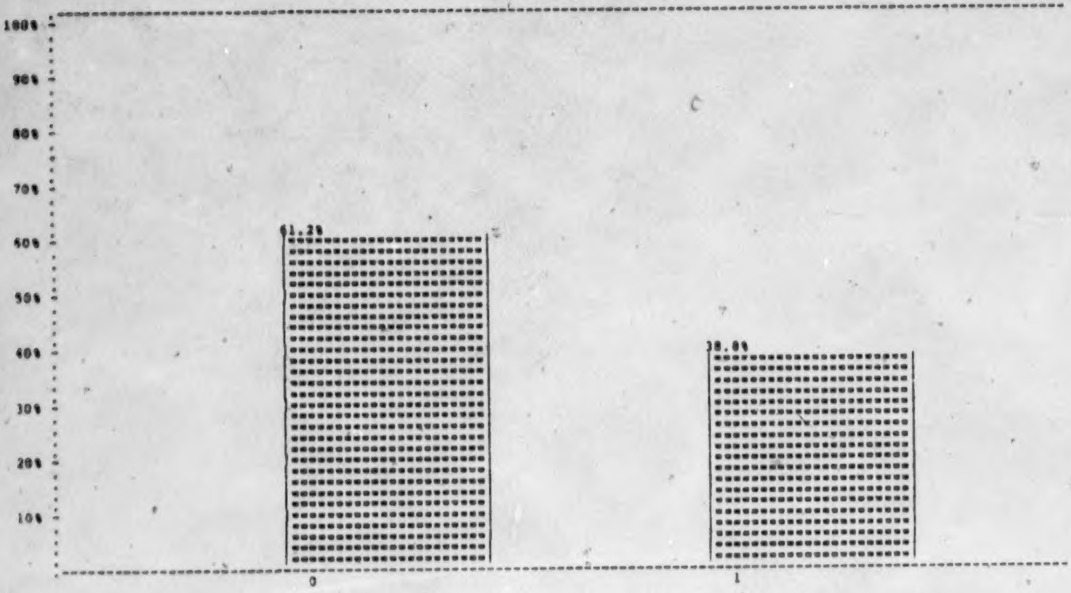
PERCENTAGE OF CAREGIVERS WITH AT LEAST ONE CHILD OF THEIR OWN UNDER SEVEN

SAMPLE SIZE = 793



PERCENTAGE OF CAREGIVERS WITH AT LEAST ONE CHILD OF THEIR OWN UNDER SEVEN

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	29.0 41 12	39.0 153 59	70.0 135 94	50.0 329 165
BLACK	32.0 66 21	17.0 92 16	37.0 101 37	29.0 259 74
HISPANIC	25.0 36 9	36.0 53 19	35.0 116 41	34.0 205 69
COLUMN TOTAL	29.0 143 42	32.0 298 94	49.0 352 172	39.0 793 308

PERCENTAGE OF CAREGIVERS WITH AT LEAST ONE CHILD OF THEIR OWN UNDER SEVEN

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	28.0 18 5	35.0 71 25	69.0 49 34	46.0 138 64
BLACK	30.0 20 6	20.0 40 8	35.0 20 7	26.0 80 21
HISPANIC	25.0 24 6	27.0 22 6	39.0 36 14	32.0 82 26
COLUMN TOTAL	27.0 62 17	29.0 133 39	52.0 105 55	37.0 300 111

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	30.0 23 7	62.0 21 13	79.0 29 23	59.0 73 43
BLACK	38.0 37 14	18.0 39 7	42.0 33 14	32.0 109 35
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	35.0 60 21	33.0 60 20	60.0 62 37	43.0 182 78

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	34.0 61 21	65.0 57 37	49.0 118 58
BLACK	11.0 9 1	8.0 13 1	33.0 48 16	26.0 70 18
HISPANIC	25.0 12 3	42.0 31 13	34.0 80 27	35.0 123 43
COLUMN TOTAL	19.0 21 4	33.0 105 35	43.0 185 80	38.0 311 119

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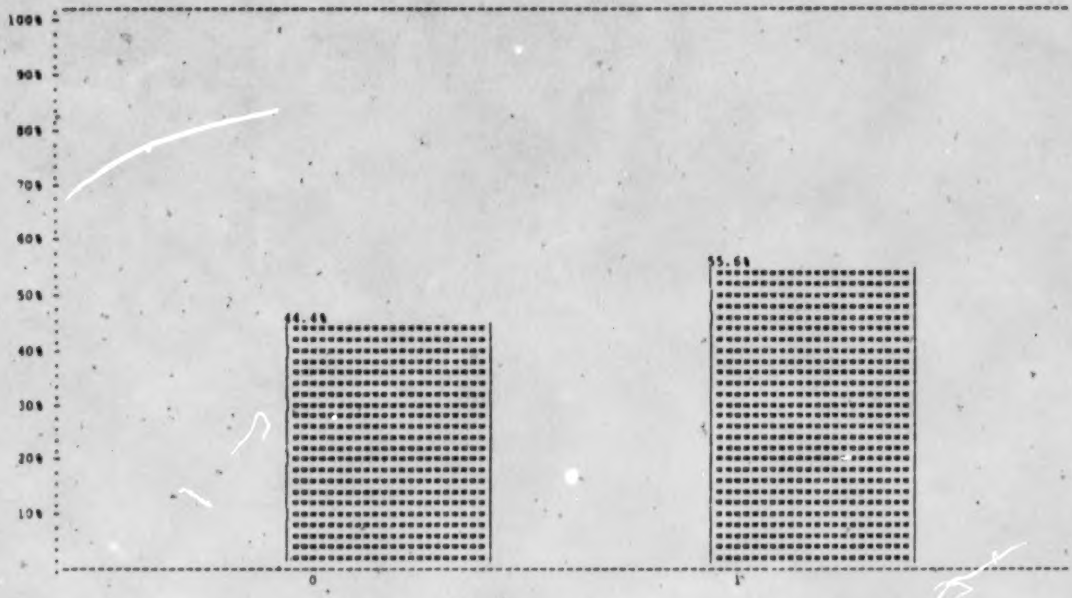
PERCENTAGE OF CAREGIVERS WITH
EITHER THEIR OWN CHILD UNDER SEVEN
OR A RELATED CHILD

SAMPLE SIZE = 793



PERCENTAGE OF CAREGIVERS WITH EITHER THEIR OWN CHILD UNDER SEVEN OR A RELATED CHILD

ACROSS SITES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	34.0 41 14	45.0 153 69	79.0 135 106	57.0 329 189
BLACK	38.0 66 25	32.0 92 29	68.0 101 69	47.0 259 123
HISPANIC	31.0 36 11	49.0 53 26	79.0 116 92	63.0 205 129
COLUMN TOTAL	35.0 143 50	42.0 298 124	76.0 352 267	56.0 793 441

PERCENTAGE OF CAREGIVERS WITH EITHER THEIR OWN CHILD UNDER SEVEN OR A RELATED CHILD

LOS ANGELES

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	39.0 18 7	39.0 71 28	71.0 49 35	51.0 138 70
BLACK	45.0 20 9	38.0 40 15	60.0 20 12	45.0 80 36
HISPANIC	33.0 24 8	41.0 22 9	78.0 36 28	55.0 82 45
COLUMN TOTAL	39.0 62 24	39.0 133 52	71.0 105 75	50.0 300 151

PHILADELPHIA

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	30.0 23 7	67.0 21 14	86.0 29 25	63.0 73 46
BLACK	41.0 37 15	23.0 39 9	48.0 33 16	37.0 109 40
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	37.0 60 22	38.0 60 23	66.0 62 41	47.0 182 86

SAN ANTONIO

PCT TOTAL COUNT	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	44.0 61 27	81.0 57 46	62.0 118 73
BLACK	11.0 9 1	38.0 13 5	85.0 48 41	67.0 70 47
HISPANIC	25.0 12 3	55.0 31 17	80.0 80 64	68.0 123 84
COLUMN TOTAL	19.0 21 4	47.0 105 49	82.0 185 151	66.0 311 204

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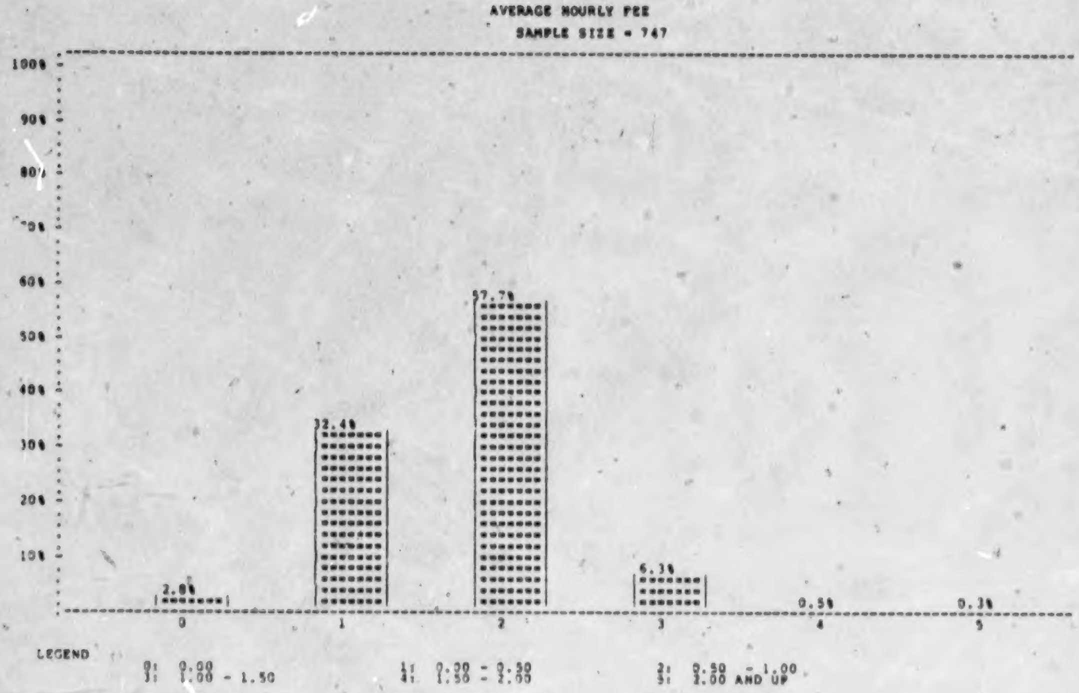
AVERAGE HOURLY FEE
SAMPLE SIZE = 747

AVERAGE HOURLY FEE
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.874 38 0.372	0.702 149 0.219	0.677 133 0.323	0.712 320 0.292
BLACK	0.660 41 0.290	0.582 87 0.215	0.445 98 0.274	0.536 226 0.269
HISPANIC	0.590 35 0.186	0.615 53 0.156	0.414 113 0.267	0.498 201 0.247
COLUMN TOTAL	0.710 114 0.316	0.650 289 0.215	0.525 344 0.316	0.601 747 0.290

AVERAGE HOURLY FEE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.054 18 0.384	0.807 71 0.170	0.708 48 0.261	0.805 137 0.261
BLACK	0.713 20 0.382	0.615 38 0.288	0.474 18 0.298	0.608 76 0.325
HISPANIC	0.662 23 0.167	0.661 22 0.169	0.392 36 0.189	0.542 81 0.221
COLUMN TOTAL	0.794 61 0.357	0.727 131 0.227	0.555 102 0.284	0.681 294 0.293

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.712 20 0.281	0.838 18 0.248	0.921 28 0.353	0.835 66 0.314
BLACK	0.662 12 0.172	0.583 37 0.125	0.613 32 0.283	0.606 81 0.207
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.693 32 0.244	0.667 55 0.211	0.756 60 0.351	0.709 147 0.284

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.538 60 0.149	0.532 57 0.277	0.535 117 0.220
BLACK	0.540 9 0.097	0.470 12 0.126	0.321 48 0.187	0.376 69 0.187
HISPANIC	0.450 12 0.136	0.583 31 0.140	0.425 77 0.297	0.468 120 0.260
COLUMN TOTAL	0.489 21 0.126	0.544 103 0.146	0.431 182 0.276	0.473 305 0.237

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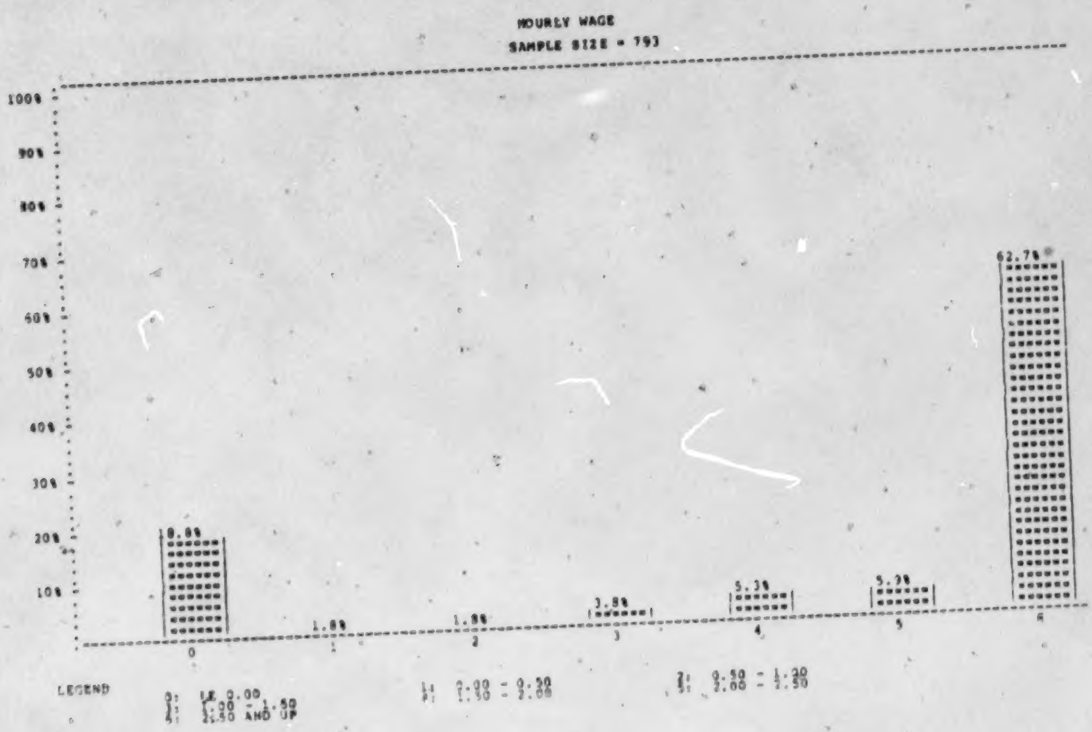

HOURLY WAGE
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.2814 37 1.5441	1.6599 136 0.8822	1.1222 114 1.2268	1.5264 287 1.1872
BLACK	1.8207 41 0.9810	1.1711 82 0.7841	0.8036 86 1.0451	1.1473 209 1.0046
HISPANIC	1.6486 35 0.8487	1.0384 45 0.5545	0.5334 90 0.3899	0.8967 170 0.7055
COLUMN TOTAL	1.9182 113 1.1826	1.4012 263 0.8466	0.8450 290 1.0087	1.2467 666 1.0567

HOURLY WAGE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	3.1456 18 1.6476	1.9421 71 0.8430	1.1596 46 0.7760	1.8359 135 1.1451
BLACK	2.1280 20 1.1205	1.1757 37 0.7623	1.0500 15 0.7902	1.4140 72 0.9772
HISPANIC	1.8170 23 0.8108	1.1355 20 0.6319	0.6297 31 0.3645	1.1354 74 0.7820
COLUMN TOTAL	2.3110 61 1.3120	1.5945 128 0.8764	0.9632 92 0.7045	1.5433 281 1.0577

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.4626 19 0.8662	1.6992 12 1.0783	1.8574 23 2.1818	1.6833 54 1.5820
BLACK	1.4342 12 0.7866	1.2203 33 0.7754	1.2885 27 1.4512	1.2815 72 1.0695
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.4516 31 0.8229	1.3480 45 0.8797	1.5502 50 1.8267	1.4537 126 1.3231

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.2730 53 0.7458	0.7082 45 0.6401	1.0137 98 0.7510
BLACK	1.6533 9 0.6979	1.0217 12 0.9191	0.4220 44 0.6038	0.7032 65 0.8071
HISPANIC	1.3258 12 0.8595	0.9608 25 0.4833	0.4829 59 0.3962	0.7127 96 0.5804
COLUMN TOTAL	1.4662 21 0.7929	1.1528 90 0.7167	0.5333 148 0.5526	0.8242 259 0.7209

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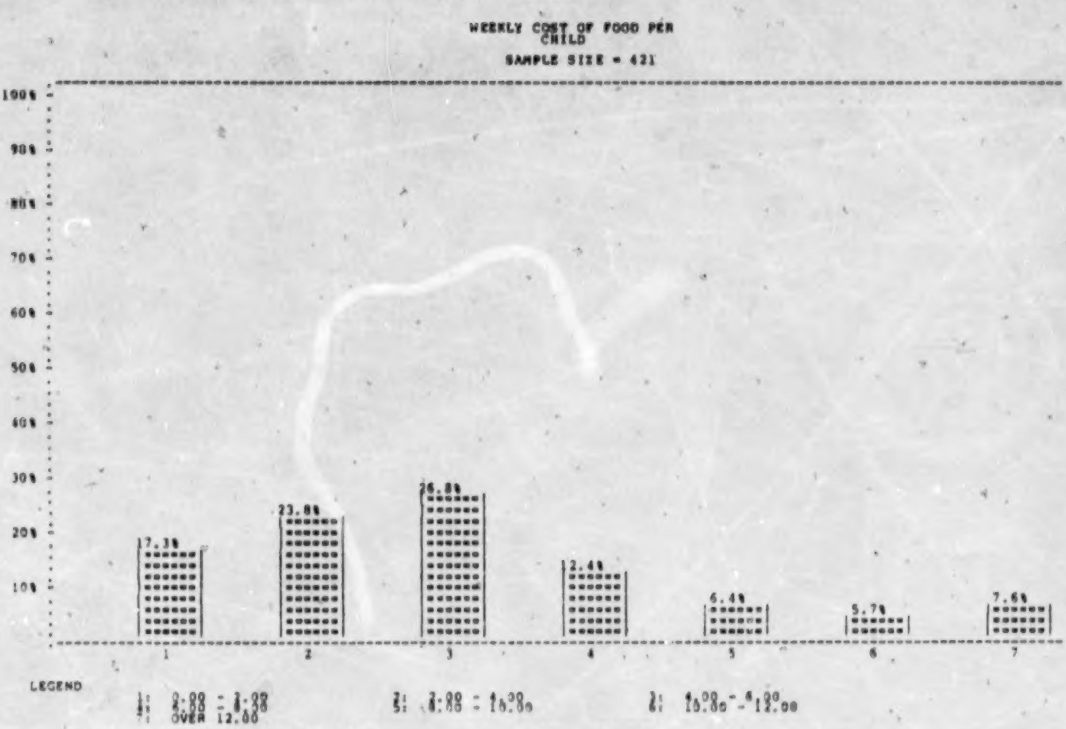

WEEKLY COST OF FOOD PER CHILD

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	5.4567 24 6.0858	4.7810 81 3.0938	4.4275 77 5.0263	4.7206 182 4.4334
BLACK	8.3796 40 4.6718	6.1937 49 4.1128	6.1842 56 4.9991	6.7931 145 4.6969
HISPANIC	4.1269 7 3.0418	5.6949 35 3.2858	6.0515 52 8.5942	5.7754 94 6.7304
COLUMN TOTAL	5.9723 71 5.2774	5.3944 165 3.5006	5.4158 185 6.2514	5.6699 421 5.1858

WEEKLY COST OF FOOD PER CHILD

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	2.5240 8 1.8929	3.2894 13 1.8582	3.4739 13 3.2440	3.1798 34 2.4465
BLACK	9.3802 9 7.3141	5.9108 11 5.8781	6.8229 4 3.6931	7.3638 24 6.1693
HISPANIC	3.5272 6 2.8429	5.4831 11 2.9604	12.3056 6 23.3891	6.7527 23 11.9249
COLUMN TOTAL	5.4685 23 5.7333	4.8027 35 3.9219	6.3603 23 12.1050	5.4340 81 7.5029

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.9231 16 6.9453	5.0401 16 3.0061	3.9727 21 3.6283	5.1856 53 4.8077
BLACK	8.1528 30 3.7502	6.2321 26 3.4558	6.2327 20 6.7840	6.9904 76 4.6873
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	7.7251 46 5.0491	5.7780 42 3.3063	5.0752 41 5.4544	6.2489 129 4.8019

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	5.0743 52 3.2967	4.9380 43 5.9823	5.0126 95 4.6788
BLACK	6.1800 1 0.0000	6.3699 12 3.8914	6.0741 32 3.8399	6.1554 45 3.7672
HISPANIC	7.7250 1 0.0000	5.7919 24 3.4811	5.2357 46 4.1267	5.4588 71 3.8825
COLUMN TOTAL	6.9525 2 1.0925	5.4467 88 3.4238	5.3516 121 4.7882	5.4065 211 4.2413

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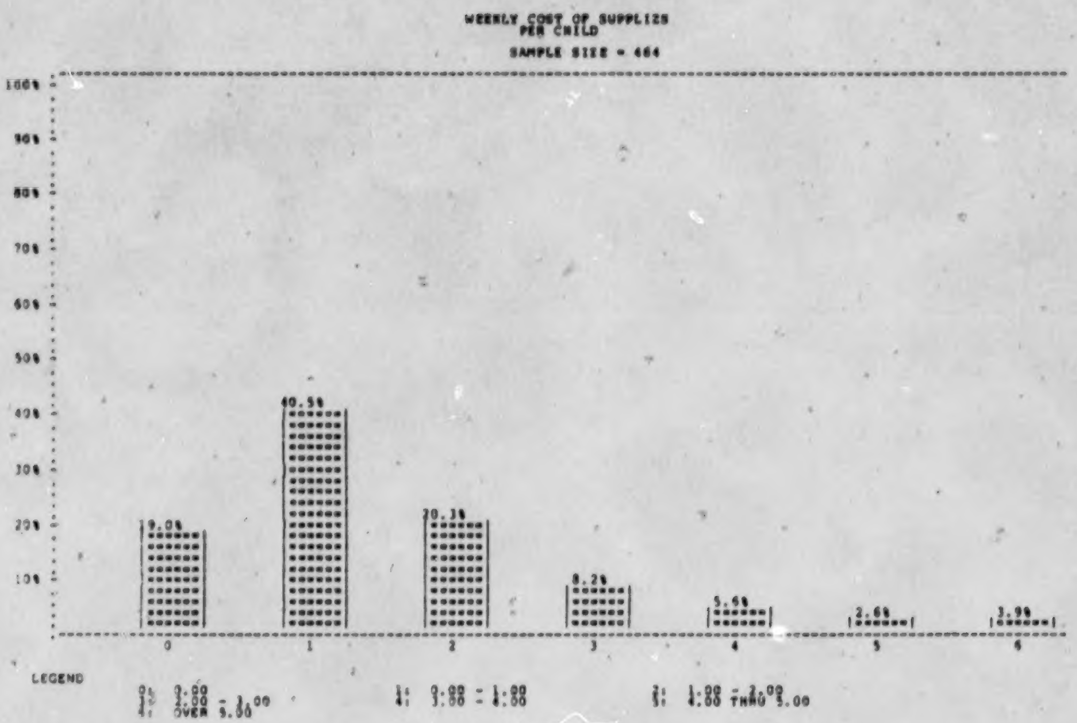

WEEKLY COST OF SUPPLIES PER CHILD

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.3880 33 1.1418	1.2594 80 1.3106	1.0865 67 3.1941	1.2186 180 2.1830
BLACK	1.7655 55 3.3836	1.6485 57 2.7162	1.3891 65 2.6582	1.5896 177 2.9078
HISPANIC	1.5295 22 1.6840	3.6230 37 8.2796	1.0672 48 1.4924	2.0460 107 5.1175
COLUMN TOTAL	1.6050 110 2.5748	1.8895 174 4.2759	1.1906 180 2.6259	1.5509 464 3.3395

WEEKLY COST OF SUPPLIES
PER CHILD

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.5348 11 1.0449	0.8123 16 0.7015	0.4374 14 0.3372	0.8781 41 0.8253
BLACK	1.3084 12 0.9813	2.1345 12 4.1684	0.5678 6 0.8800	1.4907 30 2.7297
HISPANIC	1.4625 12 1.2519	5.1915 13 8.6005	1.6491 8 1.7126	2.9768 33 5.6756
COLUMN TOTAL	1.4324 35 1.0719	2.5878 41 5.5389	0.8115 28 1.1190	1.7208 104 3.6296

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.3146 22 1.2040	2.0354 19 1.7872	0.5572 21 0.7143	1.2790 62 1.4024
BLACK	2.3654 34 4.1480	1.5694 32 2.4491	1.3272 25 2.5205	1.8003 91 3.2048
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	1.9526 56 3.3384	1.7430 51 2.2182	0.9757 46 1.9405	1.5890 153 2.6337

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	1.0907 45 1.1171	1.7177 32 4.5335	1.3513 77 3.0335
BLACK	0.1084 9 0.2208	1.3947 13 1.6380	1.5795 34 2.9671	1.3002 56 2.4814
HISPANIC	1.6100 10 2.1653	2.7734 24 8.1586	0.9508 40 1.4403	1.6310 74 4.8312
COLUMN TOTAL	0.8987 19 1.7203	1.6314 82 4.5314	1.3840 106 3.1182	1.4374 207 3.6513

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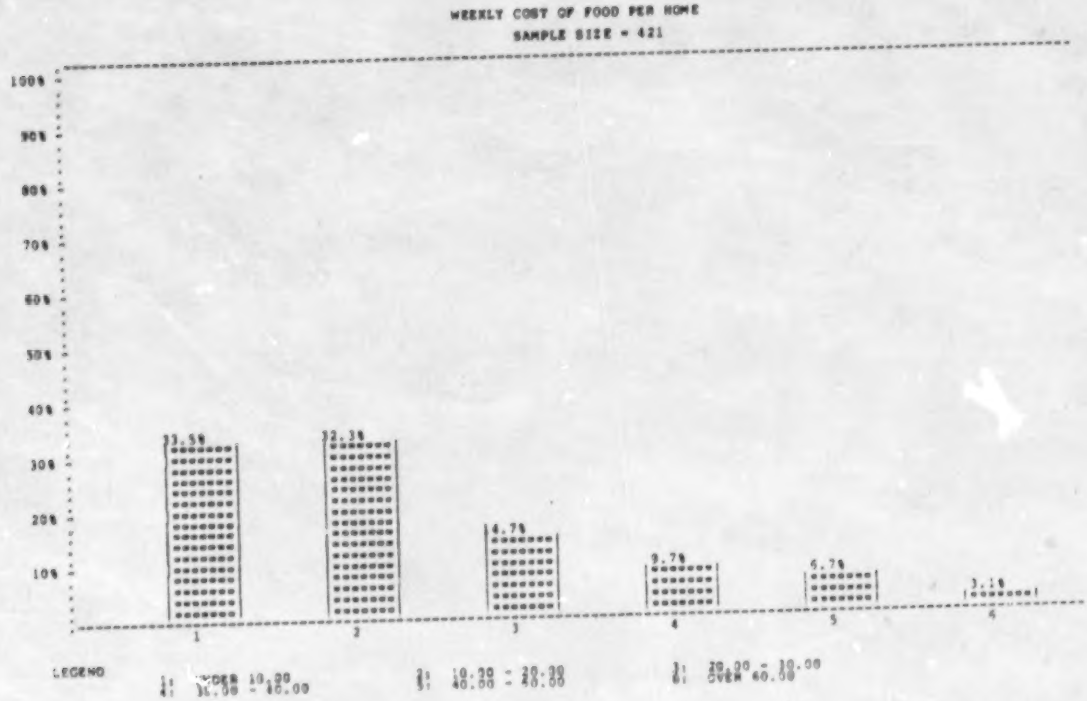

WEEKLY COST OF FOOD PER HOME
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	16.4625 24 9.8438	20.5795 81 18.4580	11.2706 77 11.9765	16.0982 182 15.5584
BLACK	31.1587 40 17.3807	24.4468 49 17.3343	18.1900 56 24.1882	23.8820 145 20.8052
HISPANIC	10.9791 7 6.8899	23.5396 35 20.8887	10.9440 52 11.1823	15.6365 94 16.3892
COLUMN TOTAL	24.2015 71 16.4283	22.3559 165 18.6484	13.2733 185 16.7146	18.6760 421 18.0695

WEEKLY COST OF FOOD PER HOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	12.4063 8 9.2504	10.9615 13 5.5470	11.3477 13 12.1837	11.4491 34 9.1454
BLACK	41.3778 9 24.0538	16.0541 11 12.4966	20.6250 4 10.0778	26.3123 24 20.6678
HISPANIC	10.2340 6 7.2319	19.5141 11 16.8279	15.5833 6 21.8046	16.0678 23 16.2463
COLUMN TOTAL	23.1763 23 21.7462	15.2500 35 12.3775	14.0661 23 14.6864	17.1645 81 16.4081

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	18.4906 16 9.7716	20.4131 16 11.4882	10.8571 21 12.8358	16.0464 53 12.1476
BLACK	28.9257 30 13.6954	26.0912 26 18.2024	27.7265 20 37.5446	27.6404 76 23.2715
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	25.2961 46 13.3399	23.9281 42 16.0655	19.0861 41 28.7196	22.8770 129 20.2499

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	23.0352 52 21.4158	11.4493 43 11.7750	17.7910 95 18.5579
BLACK	6.1800 1 0.0000	28.5775 12 17.9095	11.9253 32 8.0185	16.2382 45 13.5218
HISPANIC	15.4500 1 0.0000	25.3846 24 22.5964	10.3389 46 9.2544	15.4968 71 16.5478
COLUMN TOTAL	10.8150 2 6.5549	24.4317 88 21.1703	11.1531 121 9.8843	16.6879 211 16.8765

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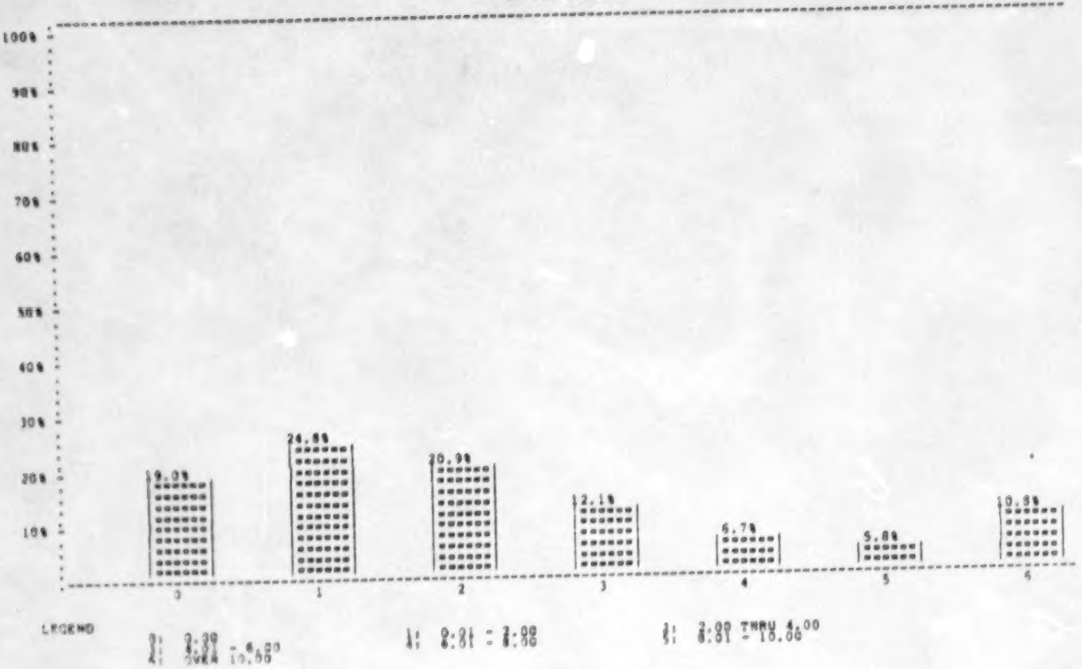
WEEKLY COST OF SUPPLIES PER HOME

SAMPLE SIZE = 464



WEEKLY COST OF SUPPLIES PER HOME

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.9338 33 4.3428	4.9752 80 4.8923	2.8765 67 6.4464	4.1864 180 5.5028
BLACK	6.6462 55 13.4188	5.8724 57 7.3752	3.1074 65 4.6230	5.0975 177 9.0957
HISPANIC	4.7619 22 5.5260	11.3168 37 25.3053	2.0833 48 2.4789	5.8269 107 15.5999
COLUMN TOTAL	5.7556 110 10.0712	6.6176 174 12.9593	2.7484 180 4.9748	4.9123 464 9.9640

WEEKLY COST OF SUPPLIES PER HOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	6.5977 11 4.6742	2.8910 16 2.1528	1.8053 14 1.2704	3.5148 41 3.3936
BLACK	6.3153 12 4.8617	5.6441 12 8.4269	1.4135 6 2.2418	5.0664 30 6.3492
HISPANIC	5.9801 12 6.3591	15.9409 13 27.2412	3.1023 8 3.0554	9.2064 33 18.0518
COLUMN TOTAL	6.2891 35 5.2173	7.8346 41 16.6272	2.0919 28 2.1390	5.7684 104 11.0912

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	4.1018 22 4.0200	7.1811 19 6.3930	1.7986 21 2.0380	4.2653 62 4.8721
BLACK	8.3903 34 16.5234	6.1684 32 7.8400	4.2148 25 5.7658	6.4619 91 11.5319
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	6.7055 56 13.2080	6.5457 51 7.2847	3.1117 46 4.5888	5.5718 153 9.4571

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	4.7849 45 4.5777	4.0525 32 9.0766	4.4805 77 6.7726
BLACK	0.4989 9 1.0492	5.3546 13 5.4198	2.5921 34 3.8453	2.8970 56 4.2269
HISPANIC	3.3000 10 4.1803	8.8121 24 24.4233	1.8795 40 2.3396	4.3199 74 14.2498
COLUMN TOTAL	1.9732 19 3.3603	6.0539 82 13.7236	2.7641 106 5.6407	3.9947 207 9.7007

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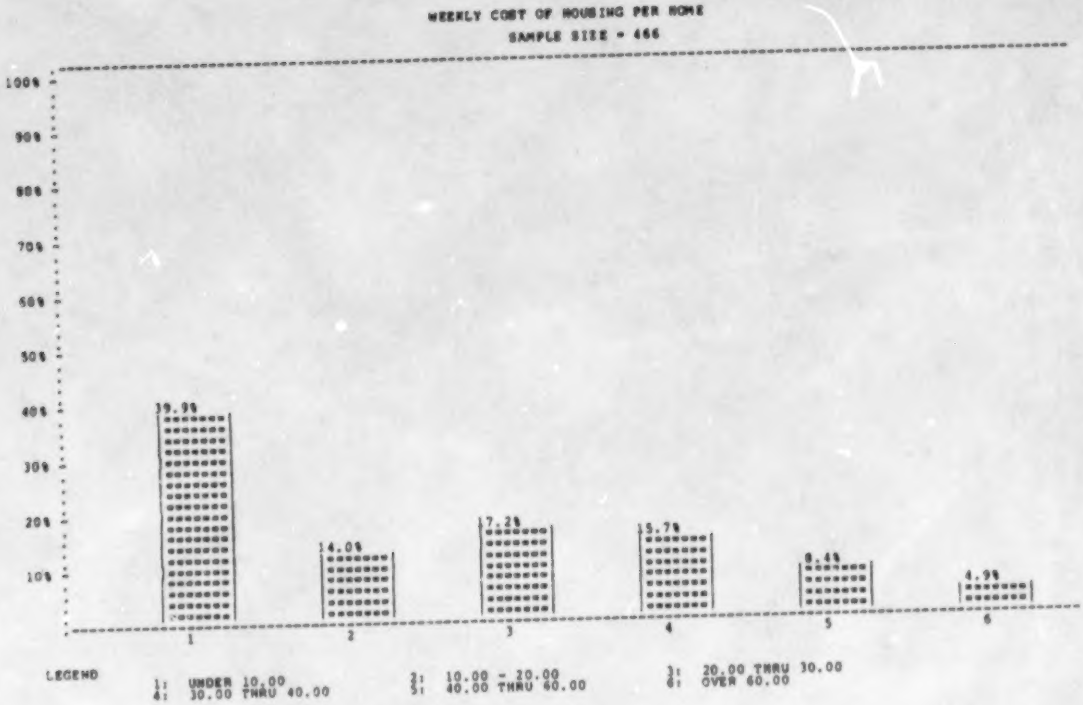

WEEKLY COST OF HOUSING PER HOME
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	24.9090 33 27.0144	22.4570 81 26.8859	34.3064 68 43.0803	27.3289 182 34.1393
BLACK	16.3308 55 14.6167	18.0534 57 16.2369	26.4922 65 65.0632	20.6171 177 41.3450
HISPANIC	7.1507 22 9.4531	17.7480 37 15.4081	15.8910 48 18.8112	14.7361 107 16.4605
COLUMN TOTAL	17.0682 110 19.3919	20.0271 175 21.7127	26.6166 181 48.3878	21.8881 466 34.4442

WEEKLY COST OF HOUSING PER HOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	8.6729 11 11.5453	8.6595 16 5.3720	8.4397 14 9.9407	8.5880 41 8.7334
BLACK	8.0727 12 6.2609	4.7907 12 4.7498	3.3084 6 3.9008	5.8070 30 5.4674
HISPANIC	3.1129 12 5.8042	5.6152 13 7.5476	0.0000 8 0.0000	3.3440 33 6.1526
COLUMN TOTAL	6.5608 35 8.3205	6.5619 41 6.0916	4.9288 28 8.0355	6.1219 104 7.3973

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	33.0270 22 29.0077	29.6288 19 25.3358	43.0287 21 62.9809	35.3733 62 42.5682
BLACK	19.2507 34 15.3135	23.1126 32 14.3451	44.7501 25 101.3675	27.6140 91 54.8832
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	24.6628 56 22.5405	25.5402 51 19.2040	43.9642 46 85.1110	30.7583 153 50.2526

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	24.2939 46 30.4276	39.7297 33 31.5210	30.7418 79 31.6299
BLACK	16.3111 9 16.8040	17.8423 13 20.8281	17.1585 34 17.1629	17.1811 56 17.6830
HISPANIC	11.9960 10 10.9320	24.3200 24 14.6153	19.0692 40 19.0863	19.8163 74 17.0882
COLUMN TOTAL	14.0400 19 13.7896	23.2910 83 25.2400	24.8340 107 25.0239	23.2399 209 24.4083

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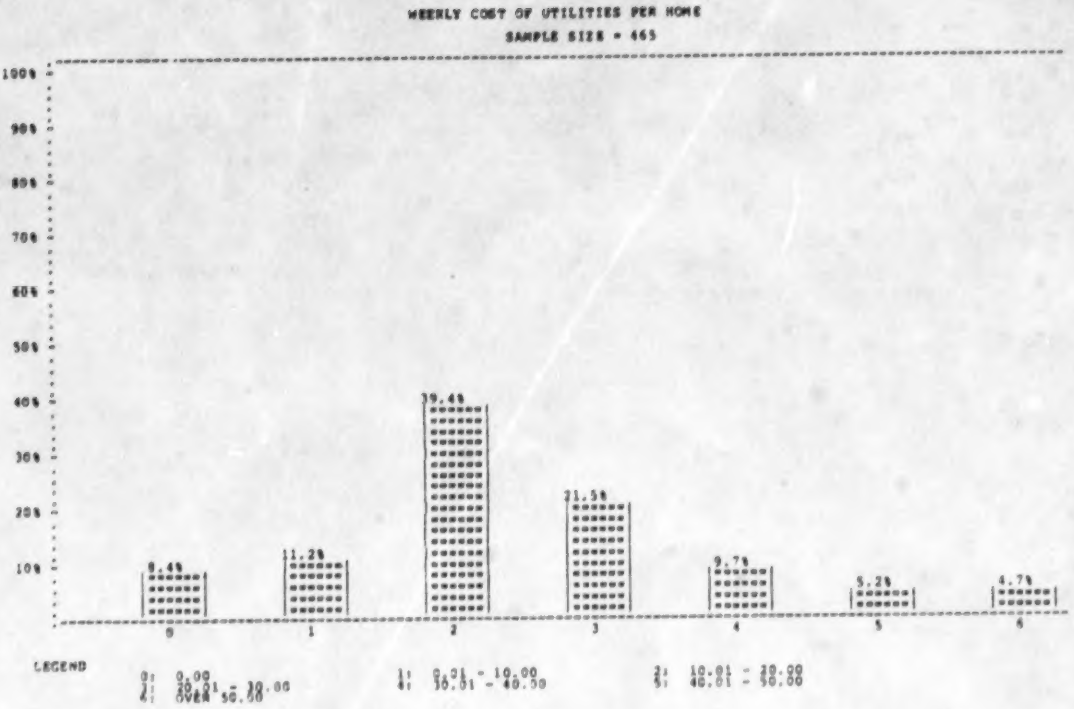

WEEKLY COST OF UTILITIES PER HOME
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	20.0690 33 12.1066	26.2184 81 20.2234	20.6160 68 16.5878	23.0102 182 17.8008
BLACK	19.8841 55 17.4553	29.0974 56 22.1784	21.0026 65 18.4320	23.2287 176 19.7290
HISPANIC	16.0845 22 9.5568	16.5601 37 6.5856	13.2700 48 8.1102	14.9864 107 8.0273
COLUMN TOTAL	19.1797 110 14.5286	25.0912 174 19.3878	18.8067 181 15.8601	21.2456 465 17.2301

WEEKLY COST OF UTILITIES PER HOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	15.3789 11 3.4044	16.9784 16 4.6022	15.5151 14 5.0788	16.0496 41 4.4488
BLACK	14.1757 12 7.1888	16.3887 12 11.0886	16.8869 6 7.7954	15.6031 30 8.8407
HISPANIC	13.6232 12 4.7054	17.2125 13 5.0331	10.5249 8 5.1024	14.2861 33 5.4759
COLUMN TOTAL	14.3644 35 5.2755	16.8800 41 7.0334	14.3833 28 6.0738	15.3612 104 6.2916

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	22.4141 22 14.1613	37.4732 19 18.3236	26.9805 21 24.2327	28.5756 62 19.9968
BLACK	20.5926 34 21.0363	36.8290 31 25.3156	32.2972 25 22.6013	29.4364 90 23.8552
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	21.3082 56 18.5173	37.0738 50 22.7115	29.8700 46 23.2507	29.0853 152 22.2964

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	24.7837 46 22.3558	18.7300 33 12.5292	22.2549 79 19.0201
BLACK	24.8189 9 9.0414	22.3915 13 13.2251	13.4241 34 10.9214	17.3371 56 12.0947
HISPANIC	19.0380 10 12.9723	16.2067 24 7.3685	13.8190 40 8.5288	15.2986 74 8.9499
COLUMN TOTAL	21.7763 19 11.3695	21.9289 83 18.1462	15.2081 107 10.8119	18.4743 209 14.5540

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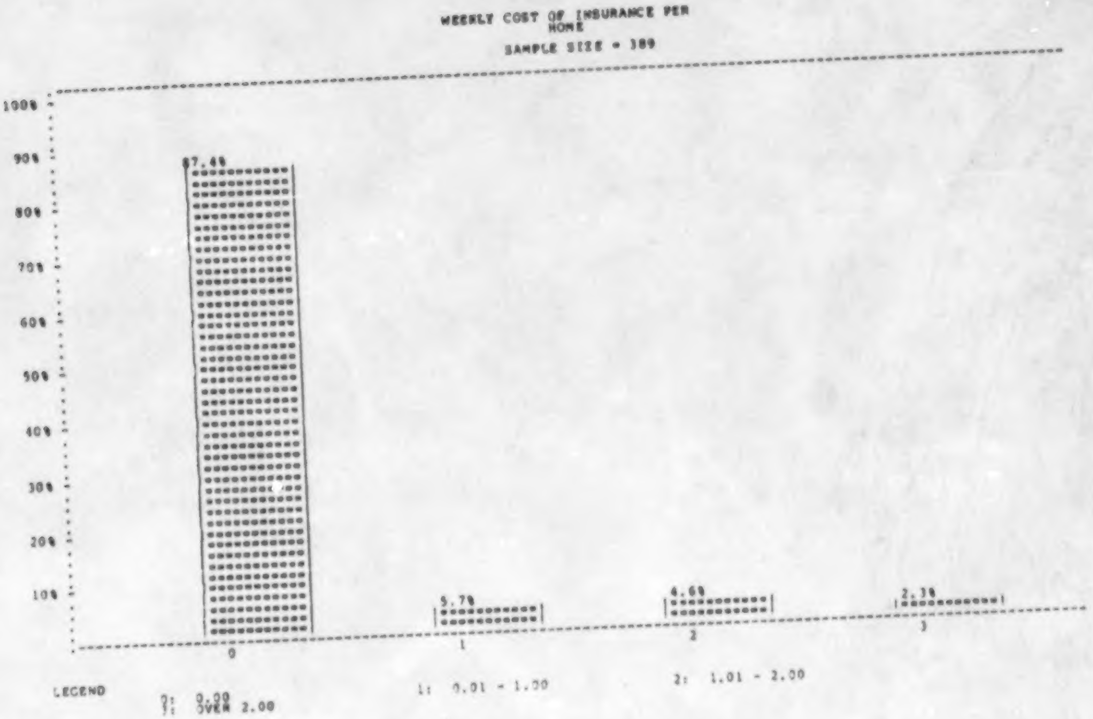

WEEKLY COST OF INSURANCE PER HOME

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.302 31 0.617	0.265 72 0.736	0.046 56 0.243	0.195 159 0.590
BLACK	0.446 46 1.607	0.067 46 0.288	0.020 59 0.150	0.164 151 0.913
HISPANIC	0.362 12 0.748	0.379 27 0.841	0.096 40 0.608	0.233 79 0.721
COLUMN TOTAL	0.384 89 1.235	0.223 145 0.659	0.049 155 0.352	0.191 389 0.757

WEEKLY COST OF INSURANCE PER HOME

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	1.007 9 0.793	1.058 7 0.449	1.288 2 0.190	1.058 18 0.614
BLACK	1.481 3 0.320	1.731 1 0.000	0.000 0 0.000	1.543 4 0.290
HISPANIC	1.010 2 0.530	1.526 3 0.559	0.000 0 0.000	1.320 5 0.554
COLUMN TOTAL	1.109 14 0.682	1.247 11 0.505	1.288 2 0.190	1.178 27 0.581

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	0.013 22 0.062	0.336 19 1.207	0.000 21 0.000	0.108 62 0.674
BLACK	0.421 34 1.821	0.043 32 0.170	0.046 25 0.231	0.185 91 1.129
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	0.261 56 1.425	0.152 51 0.750	0.025 46 0.170	0.154 153 0.969

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	0.115 46 0.349	0.000 33 0.000	0.067 79 0.271
BLACK	0.194 9 0.582	0.000 13 0.000	0.000 34 0.000	0.031 56 0.233
HISPANIC	0.233 10 0.736	0.236 24 0.761	0.096 40 0.608	0.160 74 0.672
COLUMN TOTAL	0.214 19 0.649	0.132 83 0.485	0.036 107 0.372	0.090 209 0.451

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AVERAGE WEEKLY FEE
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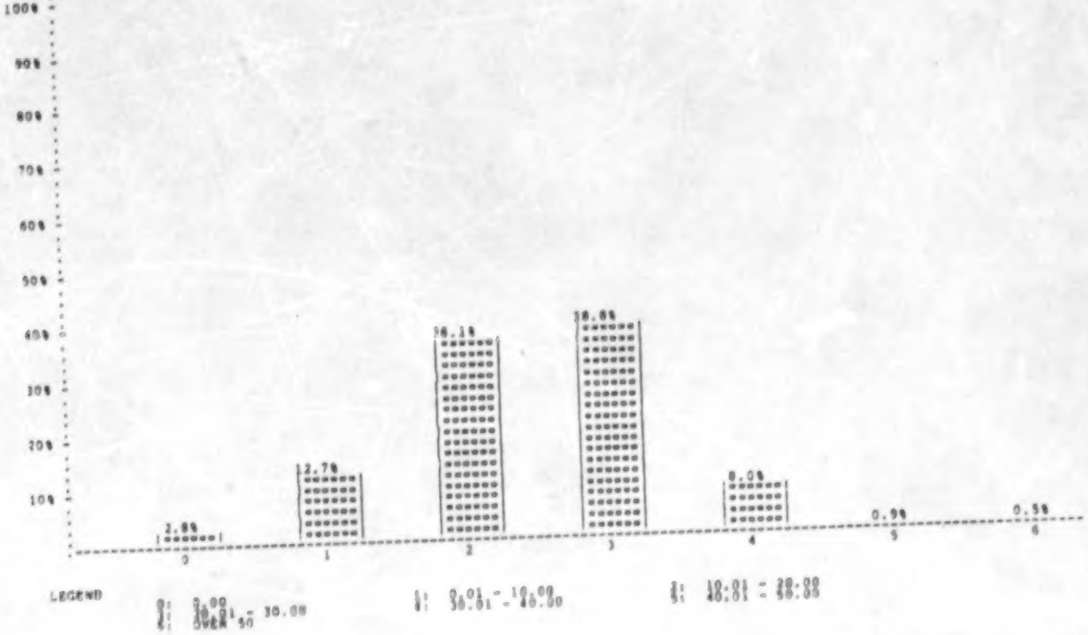

AVERAGE WEEKLY FEE
ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	28.870 38 9.525	23.489 149 8.381	18.786 133 10.392	22.173 320 9.936
BLACK	25.378 41 5.357	20.950 87 5.845	15.349 98 8.763	19.324 226 8.115
HISPANIC	23.451 35 5.831	21.420 53 6.481	14.667 113 8.213	17.977 201 8.310
COLUMN TOTAL	25.950 114 7.417	22.345 289 7.437	16.454 344 9.424	20.182 747 9.156

AVERAGE WEEKLY FEE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	32.695 18 12.262	26.523 71 8.738	20.590 48 10.983	25.255 137 10.753
BLACK	25.028 20 5.301	20.484 38 6.515	18.254 18 13.561	21.152 76 8.717
HISPANIC	25.158 23 5.131	23.881 22 8.179	16.024 36 7.556	20.751 81 8.253
COLUMN TOTAL	27.339 61 8.565	24.328 131 8.425	18.566 102 10.542	22.954 294 9.817

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	25.428 20 3.979	26.273 18 8.116	22.536 28 10.471	24.432 66 8.378
BLACK	27.181 12 6.067	22.129 37 5.328	18.341 32 6.847	21.381 81 6.708
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	26.086 32 4.848	23.485 55 6.597	20.299 60 8.903	22.751 147 7.631

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	19.052 60 5.766	15.426 57 8.897	17.290 117 7.646
BLACK	23.750 9 4.239	18.789 12 4.569	12.264 48 6.481	14.897 59 7.243
HISPANIC	20.179 12 5.889	19.675 31 4.288	14.033 77 8.475	16.105 120 7.841
COLUMN TOTAL	21.710 21 5.435	19.214 103 5.196	14.003 182 8.185	16.286 306 7.665

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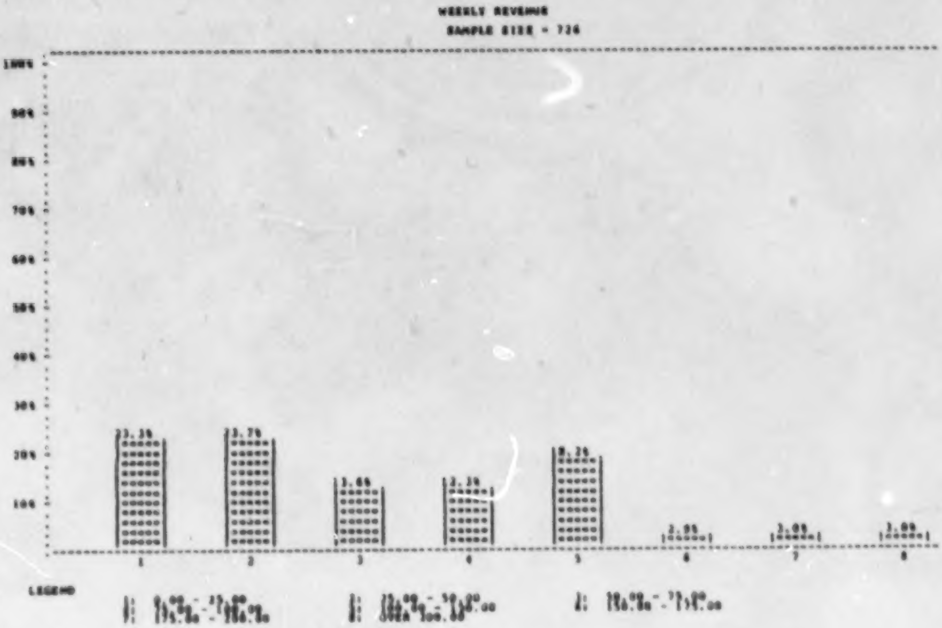

WEEKLY REVENUE

ACROSS SITES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	125.2266 38 80.4932	95.5838 149 47.9306	58.9512 128 61.1661	84.2741 315 62.3261
BLACK	129.0912 41 84.6276	79.5760 85 50.7869	54.1935 93 64.9790	78.0740 220 69.3777
HISPANIC	92.0994 35 44.8382	71.1530 53 52.3202	29.5335 103 16.8752	52.5473 191 43.9737
COLUMN TOTAL	116.4459 114 74.3580	86.3077 288 50.4503	48.2337 324 54.1373	74.0484 725 61.7677

WEEKLY REVENUE

LOS ANGELES

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	173.0566 18 83.3646	101.5839 71 45.8018	60.3885 46 43.6779	97.0767 135 62.1813
BLACK	165.6755 20 105.0149	66.1467 37 36.5668	55.3320 15 39.8871	91.5405 72 78.1286
HISPANIC	101.9774 23 45.1505	68.0682 22 45.8778	34.4528 32 19.4794	64.2269 77 46.2091
COLUMN TOTAL	143.8362 61 85.4142	85.8261 130 46.4291	50.6488 93 38.0178	86.7667 284 64.2679

PHILADELPHIA

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	82.1795 20 47.7629	97.5867 18 63.1434	89.1739 28 99.2734	89.3488 66 76.4091
BLACK	99.9358 12 33.3329	90.2192 37 56.0405	89.3562 32 91.8181	91.3178 81 69.6139
HISPANIC	---- ---- ----	---- ---- ----	---- ---- ----	---- ---- ----
COLUMN TOTAL	88.8381 32 43.2290	92.6304 55 57.9746	89.2711 60 94.5521	90.4337 147 72.4957

SAN ANTONIO

MEAN COUNT STD DEV	SPONSORED	REGULATED	UNREGULATED	ROW TOTAL
WHITE	---- ---- ----	87.8827 60 44.9468	42.0559 54 39.3561	66.1752 114 48.0571
BLACK	86.6667 9 37.9967	88.1667 12 64.8741	29.3613 46 28.6268	47.5913 67 46.6301
HISPANIC	73.1667 12 39.2679	73.3423 31 57.0927	27.3163 71 15.1943	44.6585 114 40.7367
COLUMN TOTAL	78.9524 21 38.3725	83.5395 103 51.2479	32.5210 171 28.9443	53.6396 295 45.9799

*U.S. GOVERNMENT PRINTING OFFICE : 1980 O-620-332/5307